FATHER'S NAME

Lloyd

Oscar

Barker

STATE OF MARYLAND

Stamper

FOR TATE REGISTRAR			DEPARTMENT OF HEALT CERTIFICAT	H AND MENTAL HYC	REG. NO.	4 0	
DECEASED NAME (TYPE OR PRINT)	FIRST ELMI	ER LEE	BARKER	SR.	August 24, 1	.987	8:05a
Male		4. RACE White	S. DATE OF BIR'S Ept.	th 8 19 18	6. AGE (IN YEARS LAST BIRTHDAY) 68 YRS	MONTHS DATS	IF UNDER 24 HRS
BIRTHPLACE (STATE OF COUNTRY) Carol		76. CITIZEN OF WHAT C	OUNTRY? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	P BALTIMORE CITY OR COUN Cecil	TY OF DEATH	M
erry Point	1		L, NURSING HOME OR OT GIVE STREET ADDRESS! ical Center	HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Carpenter)		ruction
JSUAL RESIDENCE (IF NO. 30 STATE Maryland	URSING HOME OR HA		7 / 7 70	NSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO		1014

	U.S. ARMED		216-14-4499	Delsie D. Barker	527 Underwo	od Lane ryland 21014
PART I. DEATH W	AS CAUSED BY	AUSE (0) DUE TO, O	Cardio pulmon RASA CONSEQUENCE OF Chronic obstr	ary arrest uctive pulmonary d	isease and	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, gave rise to imm couse (a), stating underlying couse	ediate }	(0)	r as a consequence of	congestive heart		

15 MOTHER'S MAIDEN NAME

Pheobe

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES YES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJUR	Y IN ITEM TO PART 1 OF PART 2)	
21d. IN JURY OCCURRED	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY	STAT

220.1 certify that (K(this haspital) attended the deceased from A11011St saw, the deceased alive on the date and hour and from the causes stated

226 SIGNATURE	DEGREE	ME DATE SIGNED
aulena a Herr	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	8-24-87
224 PHYSICIAN'S NAME (TYPE OF PRINT)	22e ADDRESS	

AVELINA HERNANDEZ, M.D.

VAMC, Perry Point, Md.

# #URIAL, CREMATION, REMOVAL					EMETERY OR CREMA				
BURIAL	Aug.26,	1987	Bel	Air	Memorial	Gds.	Bel Air	Harford	"Maryland

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR (VRA 15, 4)

IMPORTANT

Howard McComas III Funeral Home, Abingdon, Md.

AUG 25 1987

STATE

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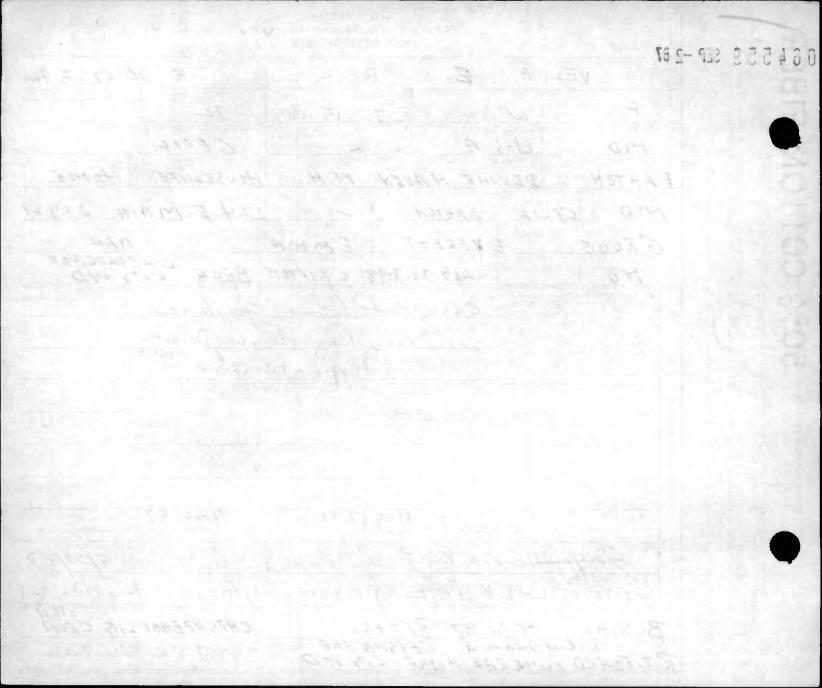
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY SENE / CERTIFICATE OF DEATH

2 3 4 6 8

~	2 81	REGISTRAR		CERT	IFICATE OF DEATH	REG. N	0.	
	Dec	EASED NAME FIRST VEL	MA	DIE	BECK	20. DATE OF DEATH	WONTH DAY YEAR	7 3-40g
	3. SEX	F	4. RACE	MOM	7 15 1915	6 AGE (IN YEARS LAST BIR	YRS D	AYS HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.	AAT COUNTRY? 8 MARR WIDOV	IED NEVER MARRIED DIVORCED D	P BALTIMORE CITY OF	COUNTY OF DEAT	MD.
)	IB CIT	LATOH		SPITAL, NURSING HOME ACHITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	HE ODONE OCCOLNI	OF WORKING LIFET INDUS	DOF BUSINESS OR
	USUA 13a S	AL RESIDENCE (IF NURSING MOME TATE 136 COL		E RESIDENCE BEFORE ADMISSION CCITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS	ZIP CODE	21921
~	(THER'S NAME FIRST OUF	MIDDLE E 7	ERETT	15. MOTHER'S MAIDEN NO.	MIDDLE	11.	A LAST
		AS DECEASED EVER IN U.S. A	ARMED FORCES? 16	50 SOCIAL SECURITY NO. 218.32-709	17 INFORMANT	BECK	CHESAL	PEAKE MD PROXIMATE INTERVAL EEN ONSET AND DEATH
7	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(CONDITIONS CON	s a consequence of		engien MINAL DISEASE OR CON 200 AUTOPSY?	20h IF YES, WERE FII IN CERTIFYING CAU	NDINGS USED USES OF DEATH?
7	MEDICAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF ETHER NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220. I certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did to 22b. SIGNATORE) 220. BYSICIAN'S NAME (IMP.	P.M. 21e. PLACE OF (AT HOME STREET)	MONTH DAY YEA 19 INJURY FACTORY, OFFICE FARM, ETC.)		to \$\frac{120}{20}\$ a death occurred an the d	own countries 19 ate and have ond from	r STATE, that (I) (we) last
-	7	JAYAYYTT URIAL, CREMATION, REMOVA BURIAL INERAL DIRECTOR ALAN INERAL DIRECTOR ALAN	LALK 8-30-8	PATEL MI 23 NAME OF BETA ADDRESS A ESA	CEMETERY OR CREMATORY	TE REC'D BY REGISTRAR	EAHE COUNTY 124 REGISTRARS SIG Julia Devideor	NATURE
	15	11 POHRU P	JHERITA	TTOTAR 6	119 00 10		1	

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPOSTANT, # III



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAGHYGENE CERTIFICATE OF DEATH

JENE "

- STATE REGISTRAR REG. NO 20. DATE OF DEATH LASED NAME MONTH 2b. HOUR 17:10 menni 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 3. SEX Feb. 25 1923 Male White 64 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Phila. Pa. U.S.A. WIDOWED DIVORCED F NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY . HOS DI Ca USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 130. STREET ASDRESS / ZIA COSEL 21901 YES [15. MOTHER'S MAIDEN NAME IA FATHER'S NAME LAST LAST Unknown Sara Bernard ADDRESS Second 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF TEST DIVE WAR OR DATES) 187-18-7014 Juanita Butler (YES, NOTORMINENOWN) North East. Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: (30stroindectord IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Cepsic negutive Conditions, if ony, which ma gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11 O pertencion Partul 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOX YES | NO [(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION THE PLACE OF INJURY 21d INJURY OCCURRED COUNTY CITY OF TOWN STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) apinion death accurred on the date and hour and from the causes stated sow the deceased alive on. obove, (1) (we) (did) (did not) view the body ofter death. 220 DATE SIGNED DEGREE STAFF ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN 125 w High St. Elkton, md. 21921 Andrew Fridberg 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL West Chester Chester Pa. I SPECIEVE 8-28-87 24 FUNERAL MIN CLOSE

DHMH - 16 60M 7/B4 (VRA 15, 4)

U	6	4	4	3	2	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	6	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed with 24 hours after about 1886 4 may be	retoined by the haspital or offending physician.	10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical and completely many the turneral at ector page 3 consolided for use as the busiol-transit permit. Then please female acabaticate many many attended for use as the busiol-transit permit. Then please female acabaticate many many attended for use as the busiol-transit permit. Then please female acabaticate many many attended for use as the busiol-transit permit.	with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or semonal	INFORTANT: If them 21 is marked or them 18 does any injury, or other troumonic event. The modern constitution to be reflected as one

	1 -	FOR STATE REGISTRAR		DEF	ARTMENT O	HEALTH AND MENTAL IFICATE OF DEATH	L HY SENE	/ 2	3 4	7	0
4437 SEPT	I. DE	CEUTED NAME	IRS†	WIDDLE		LAST	20. DA	TE OF DEATH		YEAR	2b HOUR
oge 3 deoth		ORPRINT) WILL	iam	JOHN	Co	hlin			8 2	187	1305 M
Po po ter d	3. SEX	(4 RACE		5. DAT	OF BIRTH		(IN YEARS LAST BIR	THDAY) IF L	INDER I YEAR	IF UNDER 24 HR
ge 4		MALE	- 1	WHITE		MBER 27, 1902		84	YRS	THIS DATS	NOURS MIN
1 11 11		RTHPLACE (STATE OR FOR	IGN 76 CITIZ	EN OF WHAT COUN	VTRY? 8	IED X NEVER MARRIED	9 BAL	TIMORE CITY O	R COUNTY OF	DEATH	
1 1 7		CANADA	1	USA		WED DIVORCED	- 100	cil	SOUTT	/	MD.
1 11/2/	10 C1	TY OR TOWN OF DEATH		ME OF HOSPITAL, N		OR OTHER INSTITUTION		SUAL OCCUPATE	ON F WORKING LIFE)	126 KIND OF	F BUSINESS OR
13 601	/	ELKTON		UNION HOSPIT			(RE	T) MAIL CL	ERK	RAIL RO	AD
2 10	3a S	AL RESIDENCE (IF NURSING	HOME OR OTHER INS	13c. CITY OF	E BEFORE ADMISSIO	13d INSIDE CITY LIMI	ITS? 13e ST	REET ADDRESS	ZIP CODE		
1 CO	7	MD	HARFORD	HAVRE	de GRAC	YES X NO	13	4 BAY BLVD			21078
VI Ah	II. FA	THER'S NAME	MIDDLE	LAS	ST	15. MOTHER'S MAIDE	EN NAME	MIDDLE		LAST	
1 11/2/40	/	CHARLES			ARLIN	ANNA					ULD
1 1 20		AS DECEASED EVER IN	U.S. ARMED FO		L SECURITY NO	. 17 INFORMANT		ADDRE	SS		
004	1	NO NO	IF TES, OIVE WAR OR I	127 26	9838	DAVID A. ECC	LES, 25	HURON AVE	LAKE HI	AWATHA,	NJ 07034
that the death certificated by the attending physical series remove corbagos ial, cremation, or emover or other transmission and the series of		Conditions, if ony, w gave rise to immed cause (a), stating	CAUSED BY. MEDIATE CAUSI hich ligte	E (0) Can	SEQUENCE OF	Myo ca	ndul	I de	undin	MI WILES	AAT WITEY OF THE PROPERTY AND DEATH
been signe mit. Then p prior to bur	CERTIFICATION	PART 2 OTHER SIGNIF				UT NOT RELATED TO THE		AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED
he lo hos t per	TIE						YES	NOW	YES [_	NO 🗌
ICIAN. T g physici entificate rial-trans.		21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH HO	TIME OF INJURY DUR A.M. MONTI P.M.	H DAY YEA		OCCURRED (EN	HTER NATURE OF INJUR	RY IN ITEM 18 PART	(OR PART 2)	
offendin ifter this cost the burner of hand Me	MEDICAL	216 INJURY OCCURRED	fAT	PLACE OF INJURY HOME, STREET, FACTORY, C	OFFICE, FARM, ETC 1	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
spital or CTOR: A for use of Health		220 I certify that (1) (the sow the deceased abave mywe) (ad	alive on	nded the deceased he bady allow and		and that in (aur) ap	pinion death a	ccurred on 16 de	ate and haur ar	od Irom the d	that (we) lost couses stated
ALOR A the har the hard the hard blacked ate Dept		22b. SIGNATURE	Soul	2 8 to	en:	DEGREE ATTENDI		DICAL STAI		22c. DATE :	28 - 87
TO HOSPITA retoined by TO FUNERA should be dr with the Stori		THE PHYSICIAN SAFAM	of the carmen		2	226 ADDRESS					
BP	23a E	URIAL, CREMATION, RE		AUGUST 87		CEMETERY OR CREMAT		LOCATION CITY OR TOWN		OUNTY COUNTY	STATE
	24 FL	JNERAL DIRECTOR	1 11	AUGUST 07	I MI - CKI			HAVRE de (
DHMH - 16 60M 7/B4 (VRA 15, 4)	М	ITCHELL FUNERA	L HOME PA		GRACE. MC		Alic 3	1 1087		don-R	

AUG 3 1 1987 (L. Killer-Johnson

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20. DATE KNOWN X 76 HOUR LIYPE OR PRINTI OF ESTI-DEATH MATED **JAMES** CHRISTOPHER, Jr. 8-15-8719 6 AGE (IN YEARS IF UNDER 1 YR. 2d HOUR 4 RACE IF UNDER 24 HRS 5. DATE OF BIRTH 2c DATE LAST BIRTHDAY) MONTHS DAY PRONOUNCED DEAD June 2 1963 8-15-87 19 6:20P White 24 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRYL WIDOWED DIVORCED U.S.A. Cecil County Maryland IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Union Hospital Elkton Plumber Construction UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b COUNTY YES NO DE 919 Kirk Rd. 21921 Maryland Cecil Elkton 15. MOTHER'S MAIDEN NAME E FATHER'S NAME FIRST MIDDLE Kowalski Christopher, Sr. Eleanore James AFTER DE 17 INFORMANT 16b. SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) James Christopher, Sr. Elkton, Md. 21921 18. GIVE 216 84 1519 DIVIE 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG 1 TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WILLH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE, BAILTIMORE, MARXIVAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) occupant of an auto/fixed object impact subject thrown from auto UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME AT WORK AT WORK Oldfield Point Rd CITY OR TOWN ZMI. from LANDING LANE STREET, FACTORY, FARM, ETC.1 STATE Cecil Co. Md. street 220. I certify that I took charge of the remains described above, held on Inspection ond in my opinion Homicide ____ Undetermined manner death resulted from Notural causes, TITLE (SPECIFY) ACTUAL 8-16-87 Assistant SIGNATURE **EXAMINER'S NAME** Mario F. Golle, Jr., M. Dooress 111 Penn Street (TYPE OR PRINT) 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23 DATE COUNTY STATE SPECIFY Cecil, Md. 8/20/87 Immaculate Conception Cherry Hill, Burial 07/84 BX REGISTRAR 1256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTO DHMH - 17 -yourdelse (VR A15 ME (5)) E. kton, Md. Runeral:

Hicks Home For

063182 1108 2187

CHINER BELLIEF WERE WELLINGER WIT 11964

STATE OF MARYLAND 1-DECEASED NAME O. DATE KNOWN X (TYPE OR PRINT) ESTI-Phillip , 87 Robert Craig DEATH MATED 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 87 White 11 22 1:20 Male 64 DEAD (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Cecil County WIDOWED [DIVORCED OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Lot 423 Buttonwood Beach Campground 13d. INSIDERITY LIMITS? ADDRESS 485 APPROXIMATE INTERVAL ALONG W BETWEEN ONSET AND DEATH CUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18 CE SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG THIRD ALD DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMITER CATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IN ORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Atherosclerotic heart disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d. CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 270. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) DATE 8/30/87 ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME PAGE TO FUR AFTER Juan C. Gonzalez-Vitale, M.D. ADDRESS Union Hosp., Elkton, MD 21921 (TYPE OR PRINT) **DHMH** - 17 (VR A15 ME (5))

SEP

STATE OF MARYLAND

1.	FOR STATE			DEP		EALTH AND MEN		IEN/E 2		
1.0	EGISTRAR				40000		-56	REG. NO.		
	ASED NAME	FIRST		MIDDLE	,	AST	- 1	28. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1111	A	nar	la B	enia	min C	antho	100	8/	25/87	22:38
3. SE:	X	0	1. RACE	×1.3 A	5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		White		Mav		YEAR L899	88 YRS.	MONTHS DAYS	HOURS MIN.
7a. Bi	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	JTRY? 8.			9 BALTIMORE CITY OR COUNT	Y OF DEATH	
	COUNTRY)				and the second second	D NEVER MAR		1001	1	
	Maryland	ATU	U.S.A		WIDOWE	OR OTHER INSTITU	CED [120 USUAL OCCUPATION	TIN KIND C	MD.
10 C	ITY OR TOWN OF DE	AIH			STREET ADDRESS)	OK OTHER INSTITU	TION	(TYPE OF WORK FOR MOST OF WORKING)		OF BUSINESS OR
7	SIKTON	1				cil Count	ty	Homemaker		
USU.	AL RESIDENCE (IF NURS	I 13b. COUN	OTHER INSTITUTION	13c. CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY	HAITS?	13e STREET ADDRESS / ZIP COE)F	
Ма	rvland	Cec		Elkte				107 Walnut Lane		921
	ATHER'S NAME	1 000.		LHIKE	011	15. MOTHER'S MA	AIDEN NAM			
	FIRST	,	MIDDLE	D		FIRS		MIDDLE	LAS	
	Joseph	Thirtie and	E.	Benja		Elizal	petn	ADDRESS	Warne	r
	WAS DECEASED EVER YES, NO OR UNKNOWN]		E WAR OR DATES)	100 SOCIAL	SECURITY NO.					
	No			220 4	4 1449	Angela (C. Zav	wacki,103 Gilpir		
	18 CAUSE OF DEAT	H (Enter an	y ane cause per				- 11		BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		D BY: E CAUSE (a)	CAR	DIOPINA	WARY !	Wis:	7	ma	MTE
	1	BALANEDIA	_							
	Continue of	13.1	DUE TO, O		SEQUENCE OF	nule Isc	cil		7	mel
	Conditions, if any gave rise to im		(p)—		0 - 1007/201	74			- //	1/1
	couse (o), statis	ng the	DUE TO, O	RASACON	SEQUENCE OF	61-0	b 1711		24	49/
			(c)	113	Compo	- 1.4 /01				//
z	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS C	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CONDITION G	IVEN IN PART 10	a
2	11 417 2	- 11	10 CMIN	1 /N	millon					
CERTIFICATION	190 DATE OF OPERA	HON	19b. COND	ITION FOR W	VHICH OPERATIO	N WAS PERFORM	ED		ES, WERE FINDING CAUSES	
Œ			ASCE	mil	(Abirella	171			YES [NO 🗌
黄	210. ACCIDENT WAS UN	DERLYING			0,000	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING									
MEDICAL	114 INJURY OCCUR			OF INJURY	19	211 LOCATION				
Ä					OFFICE, FARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE
-	MILE NOT WE	ORK								
	220 L certify that (I)	(this haspit	ral) attended th	e deceased	fram		19		19	that (I) (we) last
	saw the deceas abave, (I) (we) (ed alive on	V view the had	ofter death	19 17 . 01	nd that in (my) (ou	r) apinion d	death accurred an the date and ho	our and from the	causes stated
	22b. SIGNATURE	did tala hai) view the body	arrer deam.		DEGREE			22c DATE	SIGNED
	1	1 1/	7				NDING	MEDICAL STAFF	8/	2/67
	22d PHYSICIAM'S N	1 11	PRINT!			22e ADDRESS	SICIAN	DIRECTOR PHYSICIAN		0/0/
ı	ZZE PHYSICIAM SIN.	AME TYPE	PPRINT)	. 1		226 ADDRESS	_	c. 2401		21521
	LINWS	9) /	12166	MI		172/ 1	11968	STAGE, ELKTON	MU	-101
	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION	COUNTY	STATE
	Buria	1	8/29/	87	North E	ast Meth	odist-	North East	Cecil	Md.
24. F	UNERAL DIRECTOR	A	bepl	4.6	MESS Vec	50 W	23 A 1 1	REG D BY DE CHER AD	MANAGEMENT OF THE PARTY OF THE	THE PERSON
1	Hicks Hom	e for	Funera	TS	EIK	ton, Md.	NOC	O - WAIT		

DHMH - 16 50M 4/83 (VRA 15, 4)

MAPORTANT, If Bern 21 is

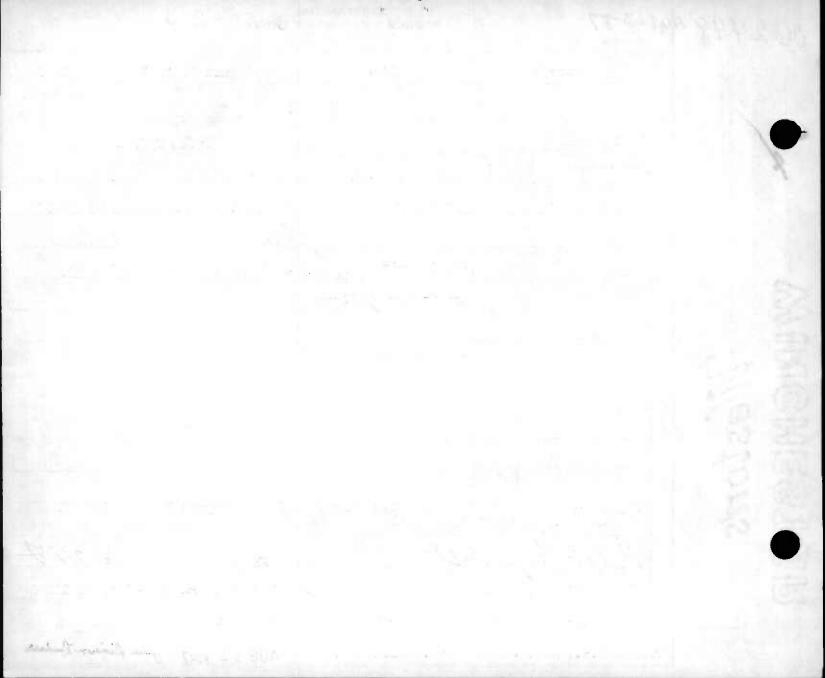
and the state of t

AUG 3 1 1992 July State House

compilety filled in by the funeral director, page 3 requires that the death certificate be executed within 24 hours after death. Page 4 may be be notified of acce DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phraicion should be detached for use as the burial-transit permit. Then please remove carban pages it with the State Dept. of Health and Mental Hygiene prior to burial, cemation, or removal TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

06	2498 A	49	103-87 STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAN IEALTH AND MI ICATE OF DE	ENTACHYGI	NENE 2	3 4	7 5	
,		I. DE	CEASED NAME	FIRST		MIDDLE		AST			MONTH DA	Y YEAR	7b. HOUR
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	mo, po	3. SE	X		4 RACE		S. DATE			6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
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a	ofter of the turb		ITY OR TOWN OF DEAT	Ή	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTIT	NOITUT	12s. USUAL OCCUPATE		126. KIND O	F BUSINESS OR
5	by the	1	erry Point	1	PERRY 1	POINT VE	r. HOS	P.		CARPENTER	W WORKING EFFE)		T & CO
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¥ ¥	P de la	V	John		MIDDLE	Disko		E]	lizabet			Ar	don
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N C	£ 000 to					R AS A CONSEQU	ENCE OF						
EST	death offend ove co frion, o		Canditions, if any,		(b)_								
201 W. PRESTON	the rem		gave rise to imme cause (a), stating	the	DUE TO, O	R AS A CONSEQU	ENCE OF						
<u> </u>	that ease ol. cr		underlying cause	lost.	(c)_								
s, 20	gne gne bury, o	7	PART 2 OTHER SIGNI	FICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE OR CON	DITION GIVEN	NIN PART 10	3
DIVISION OF VITAL RECORDS,	8 cF = 5	CATION											
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IA!	The ricion.	CERTIFI								YES NO	YES		NO 🗆
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ō		MEDICAL	(IF EITHER, NOTIFY MEDICA	L EXAMINER	R) P		19						
S	PHYSIC ending this cer he burid nd Meni d or ite	MED	216 INJURY OCCURRE		(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	4	CITY OR TO	WN	COUNTY	STATE
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	ATTI aspit CCTC d fo d fo m 21		saw the deceased abave, X (we) (die	d) (XXX	Xview the body	ofter death.			our) opinion d	eath accurred on the de	ate and hour o		
	OR he he he borden behe behe behe behe behe behe behe be		226. SIGNATURE	201	/	1,10		DEGREE	TENDING	MEDICAL STAI	FF	22c DATE	SIGNED
	SPITAL I by th VERAL be dete e Store		Meebal	16	262,6	rf)		PH		DIRECTOR PHYSIC		1/7	117
	OSPI ed be d be he S		22d. PHYSICIAN'S NAM		/			22e. ADDRESS					
	TO HOSPITAL retained by 1 TO FUNERAL should be de with the Start IMPORTANT:		MICHAEL TA							Center, Per	ry Poi	nt, MD	21902
	55 1 2 3 5	23a E	SURIAL, CREMATION, RI					EMETERY OR CR		23d LOCATION		COUNTY	STATE
	BP		Burial		8/12/8	87 (rowns	ville Ve		n Crownsv			Md.
	DHMH - 16 50M 1/81		JNERAL DIRECTOR	,		ADDRESS	_ 212	20_		REC'D, BY REGISTRAR	256. REGISTRA	R'S SIGNAT	URE
	(VRA 15, 4)	HU.	BBARD F.H.,	410	/ Wilkin	ns Ave.,	Ba4t4	ZMD.	AU	6 1 2 1987	Julia	Devideor	Correct



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e pe pe	(TYPE OR PRINT)	thel N	aomi	FISHPAW		August	16,	1987 1	1:15a m.
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od nil	70. BIRTHPLACE (STATE OF	FOREIGN 76. CITIZEN C	F WHAT COUNTRY?	MARRIED NEVER	MARRIED 9	BALTIMORE CITY	OR COUNTY OF	DEATH	
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o offer o	Rising Sun			ADDRESS) ITSING HOME,		20 USUAL OCCUPAT TYPE OF WORK FOR MOST DOUSEWIFE		126 KIND OF E INDUSTRY OWN F	Home
AND 212	Maryland 6	SING HOME OR OTHER INSTITUTE 136 COUNTY Baltimore	ON GIVE RESIDENCE BEFOR 13c CITY OR TOW Baltimos	Ce YES	NOX 5	30 STREET ADDRESS 81 Brooks	/ ZIP CODE Rd., Bal	timore	, MD.
MARYL sed within	Walter Walter	WIDDLE	Files	Ma	R'S MAIDEN NAME BU de	MIDDLE		lohnson	
IMORE, on execution ond con- redice	160 WAS DECEASED EVER	(IF YES, GIVE WAR OR DATES)		grity NO. 17 INFORM 99 Dorot	hy Lang,	302 Count	ry Club	elawara Dr.,	lewark,
in W. PRESTON ST., B that the death certifical by the attending phy ease remove carbonese of, cremation, of approver rather troumotic event	Conditions, if ongove rise to imcouse 101, stati	mediate ng the DUETO	Gren	ENCE OF OU	Sompe S.	usaly	Da .	2-3	years
corpos, 20		NIFICANT CONDITIONS		DEATH BUT NO RELATE		20g AUTOPSY?		IN PART 110	2112
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DIVISIO DING PH or often the e os the the lith and a lith a lith and a lith	AT WORK AT W	HILE LAT HOME	STREET, FACTORY, OFFICE		10.67	CITY OR TO	own	COUNTY	STATE
AL OR ATTEND The hospital of AL DIRECTOR. Tetached for use the Dept. of Hear T. If them 21 is n	sow the deceo) (this hospital) attended sed alive an abditidid not see the ho	Le 62-19	1000	/	oth occurred on the comments of the comments o			
TO HOSPIT, retoined by TO FUNER, should be d with the Sto	230 BURIAL, CREMATION	REMOVAL 1236. DATE	00 M	22e ADDRE 319	S. fler	rion Av	e. Ha	ure de	e Grace
	(SPECIFIED T	, REMOVAL 736. DATE		raland Mam			Ilo Mat		STATE

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

Ruck Towson Funeral Home, Inc. Towson, Md. 2120

AUG 18 4007, Julia Junio

A ANA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

REG', NO.

			PRINT	FIRST		MIDOLE	L	AST	1-11/2	20 DATE OF DEATH MO	ONIH DAY	YEAR 21	HOUR
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ofter d	A	10 C	Elkton	АІП	(IF NOT IN SUC	H FACILITY, GIVE STREET	(DDRESS)		ON	TYPE OF WORK FOR MOST OF W	VORKING LIFE) IN	DUSTRY	USINESS OR
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rithin 2 st	4	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIL	DEN NAM	MIDDLE		LAST	
no loud	10		Charles		MIDDLE	Garrison	1	Emina		Elizabeth	1		npson
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ond cond cond cond cond cond cond cond c		()	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	212 76 26		Emma (Catora	and			
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ording or			DANNER		DUE TO, O	R AS A CONSEQUE	NCE OF						
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the rem emc			cause (o), stati	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF				100		
d by the lease real cree			underlying caus	e lost	(c)_								
gned n ple burn			PART 2 OTHER SIG	NIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	HE TERMIN	AL DISEASE OR CONDIT	TION GIVEN IN	PART Ira	
The unin		ō	Aspire	tion	pneus	monia,	re pe	ated sept	fice in	11'a			
any any	~	CERTIFICATION	19a. DATE OF OPERA	TION			OPERATIO	WAS PERFORMED		20a AUTOPSY?	Ob. IF YES, WER	E FINDING	S USED
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No T wysici consi Hygii Hygii 18 sh	13	CER	21a. ACCIDENT WAS UN	_	216. TIME O			21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY I	NITEM 18 PART I C	R PART 2)	
ph ph ph ph ph ph tol	y	AL	OR CONTRIBUTING				Y YEAR						
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Ol			220.1 certify that (~ ^		700					- 1	at (I) (we) lost
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ral deto ote			wal	lace	Juna	chain	m	D. PHYSI	CIAN A	DIRECTOR PHYSICIA	N	84	teg 8 (
HOSPITAL ned by the FUNERAL old be det of the State			22d PHYSICIAN'S N	AME (TYPE C	R PRINT)	,	15.51	22e ADDRESS		,			
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Of of of w			URIAL, CREMATION	REMOVAL				EMETERY OR CREM		23d. LOCATION			
BP		1	Buri	al	8-12-	-87	Cecil	ton Cemet	erv	Cecil	ton	Mary1	and
		24 FU	INERAL DIRECTOR	A	1				25a DATE	REC'D BY REGISTRAR 25	A REGISTRAP'S	SIGNMENTE	Eg. 00
(VRA 15, 4)	34		NAME Cong	016	(200 TESN.	Grav	Avenue	AUG	17 1007	dia Devide	m- Now	2000
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TOUR 1 7 1987.

962832 AUG-47 87

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE CERTIFICATE OF DEATH

234/8

	REGISTRAR				CEKIII	ICAIL OI	PERIII	RE	G. NO.				
	ECEASED NAME	FIRST	- 1	MIDDLE	t.	AST		20 DATE OF DEA	TH MONTH	H DAY	YEAR	2b HC	UR
List	PE OR PRINT)	Bertha		н.	Gra	ant			July	31	1987	10:	301PM
. SI	EX		4. RACE		5 DATE C			6 AGE IN YEARS L	AST BIRTHDAY)	MONTH DAY YEAR 12 HOUR ULY 31 1987 IF UNDER TYEAR IF UNDER 72 HOURS MOUNTY OF DEATH COUNTY ON 172 KIND OF BUSINESS INDUSTRY E ZIP CODE APPROXIMATE INTERVAL BETWEEN ONSET AND DEA MA. APPROXIMATE INTERVAL BETWEEN ONSET AND DEA INCERTIFYING CAUSES OF DEATH? YES NO RY IN ITEM 18 PART I OR PART 2) ON 19 7, that (It (we) are and hour and from the causes stated 172. DATE SIGNED FF			
260	Female		White		Augus		1911	75	,		UNS DAYS	HOURS	MIN,
a. E	SIRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	July 31 198 DEFINITH SET 30 1911 75 SET 30	FDEATH						
	Maryland		U.S.	Α.	WIDOWE			Ceci	1 Cou	nty			MD
19	Elkton	ATH	(IF NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR	MOST OF WORK	KING (IFE)		OF BUSIN	NESS OR
USI	JAL RESIDENCE (# NU	RSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					Value of			
	STATE	Cec		13c. CITY OR TOW Elkton	N							7-4-	210
	aryland	1 cec	T.T.	EIKCOII		-			peake	ETO	erly	Apts	5.219
1	FIRST		MIDDLE	LAST			FIRST	MID					
_	Harry	0.151.41.6.4.6	C.	Bigge:							Burto	on	
	WAS DECEASED EVE		MED FORCES!	166 SOCIAL SECU	RIIY NO.	17 INFORM	ANI	-	DUKE33				
	No			214 40	5740	Betty	M. Dixo	on, Elkt	on,	Md.			
	IL CAUSE OF DEA	TH (Enter or	ly one couse per	line far (a), (b), and	dieus						APPROX	MATE INT	ERVAL
TION													
CERTIFICATION	190 DATE OF OPER	MOITA	19b. COND	DITION FOR WHICH OPERATION WAS PERFORMED				IN CERTIFYING CAUSES OF DE			OF DEA	ATH?	
ERI	21a, ACCIDENT WAS U	NDERLYING T	21b. TIME O	F INJURY		21c HOW II	NJURY OCCURR					110	
	OR CONTRIBUTING		Altr	M. MONTH DA									
MEDICAL	116 INJURY OCCU		P. PLACE	M.	19	211 IOCATI	ON						
MEI		WHILE [REET, FACTORY OFFICE F	ARM ETC)			City	ORTOWN		COUNTY		STATE
	226 I certify that (sow the decea above (1) (we)		ital) attended the		Y7,0			death accurred on	the date of	nd hour o			
	27b. SIGNATURE	Henry	Jor	Kan.	r			MEDICAL DE P			22c. DATE	SIGNED	7
	22d PHYSICIANIS	NAME (TYPE	OR PRINT)	arka	5	22e ADDRE	on Hos	pital A	1 Cec	1	Com	to !	E/KTO
23a	BURIAL, CREMATION	_						CITY OR TO	WN				STATE
	Buria	5	8/4/8	1 1	I CII E	ast He		North I			Cecil		Md.
	FUNERALDIRE TOR	eps	unerals	Leck ADDRESS	711-4		ALIC 4	REC'D. BY REGIS	TRAR 256 R	REGISTRA	- 0	TURE	
- J-	licks Home	TOY	unerals		P. IKTO	n. Md.	() - "	THE IMPLY		and the later of t	Mary Market		

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burnshrown by with the State Dept. of Health and Mintal Highman WAPORTANT: If them 21 is marked at Item 18 shows

063296 AUG 20 87 RAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEAT

2	3 REG.	KO.	1	7		
DATE	KNOWN ESTI-		MONTH	DAY	YEAR	2
	MATED		08-1	13	19 87	
DATE			MONTH	DAY	YEAR	ħ

	CEASED NAME PE OR PRINT)	FIRST		MIDDLE	70.00	LAST	100	OF ESTI-	MONTH DAY	YEAR 26 HOUR
3 SE)		nn Thoma	as Grape	S & AGE (IN Y	EARS IF UN	DER LYR TIELINDE		DATE	J 08-13 19	9 87 1902 YEAR 24 HOUR
-			an. 28	1916 LAST 19HE	DAY) MONTH			ONOUNCED Au	g. 13,	87 1905
FC	IRTHPLACE (STATE OR DREIGN COUNTRY)		CITIZEN OF WH	AT COUNTRY?	8 MARRI	ED Y NEVER MAR	RRIED [9	BALTIMORE CITY C	OR COUNTY OF DE	ATH
We	est Virgi		U.S.A.	TALL AURESING NO.	WIDOW		RCED D	Cecil Cou		MD MD
1	Elkton		Union	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) Hospita	1	EK INSTITUTION	Mech	OCCUPATION (TYP) T OF WORKING LIFE)	Pavi	NDUSTRY
13a. S	AL RESIDENCE (IF IN NU TATE 1d.	13b COUNTY Cecil	IER INSTITUTION, GIVI	E RESIDENCE BEFORE ADMISS 134. CITY OR TOWN Elkton		13d. INSIDE CITY LIMITS?	X #80	ADDRESS Grapes	Tane 21	921
14 F	ATHER'S NAME		DDLE			15. MOTHER'S MAI		MIDDLE		
	irgil			Grapes		Flora		Edna	Chesh	iire
16a. V	MAS DECEASED EVER	(IF YES, GIVE WAR O	FORCES? OR DATES)	234-12-8	3701	Wilda G	rapes	#80 Gra	pes Lane	Elkton
	18. CAUSE OF DEA	TH (Enter only on-	e cause per line	(ar (o), (b), and (c).)			1/		BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
	PARTIDEATHW	VAS CAUSED BY: IMMEDIATE CA				LEROTT	- Ito	BY DIX	ASE 5	GARRY.
	Canditions, if	ony, which	DUE TO, OR	AS A CONSEQUENCE	OF					TORRS.
	gave rise to cause (a) stating	g the under-	(b) DUE TO, OR A	AS A CONSEQUENCE	OF					
	lying cause lost.		(c)							
7	PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTR	IBUTING TO OEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE	DR CONDITION GIVEN IN	PART 1 to			
CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CONDITI	ION FOR WHICH OPE	RATION W	AS PERFORMED?			70 AU	TOPSY?
IFIC										s D NOX
	21a. EXTERNAL CAU		21b. TIME OF HOUR A.M.	INJURY MONTH DAY YEA		W INJURY OCCUR	RED (ENTER NAT	URE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
MEDICAL	CONTRIBUTING	CAUSE OF DEAT	H P.M.	19		•				
8	21d INJURY OCCUR WHILE NOT AT WORK AT W	WHILE WORK		ORY, FARM, ETC.)		TREET		ITY OR TOWN	COUNTY	STATE
E										
Æ		I took charge of	the remains desc	ribed abave, held on	Autaps	sy . Inspect	ion ,	Inquiry on	nd in my opinion	
W					Autaps	y . Inspect	-	Inquiry . or	nd in my opinion	
W	22a. I certify that death resulted from						-			1/2/10-
W	22a. I certify that					, Homicide	Undeterm		DATE SIGNED	13187
W	22a. I certify that death resulted from ACTUAL	n: Natural co				Homicide TITLE (SPECIFY)	Undeterm	nined manner .	DATE 5	113187
	27a. I certify that death resulted fron ACTUAL ISIGNATURE EXAMINER'S NAME	n: Natural co	Juses X.			Homicide TITLE (SPECIFY)	Undeterm	AL EXAMINER	DATE 5	1 318 7 V 00273
	270. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	n: Natural co	Juses X.			Homicide TITLE (SPECIFY)	Undeterm MEDICA TON 6	AL EXAMINER	DATE 5	(1318 7 v 002192) Udlegina

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remove

injury, ar ather traumatic event,

retained by the haspital or attending physician.

TO HOSPITAL

BP DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 3 4

					KEG. NO.	
I. DE	CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	RUTA	T	(ORASSA	naal	Allowet	2.1987 9:10Pm
3 SE		4 RACE	5. DATE OF BIRTH	MIN	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
3 36	^ (4 RACE		AY YEAR	AGE (IN TEARS LAST BIRTHDAT)	MONTHS DAYS HOURS MIN
	FEMALE	While	12-5-	- 1900	86 YR	
70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8		9 BALTIMORE CITY OR COUN	
10	OUNTRY)	1100	MARRIED L NE	VER MARRIED	1.1 1	1
	ENNA.	45H	WIDOWED .	DIVORCED	Cecil Co	OUNLY MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME OR OTHER REET ADDRESS)	INSTITUTION	120 USUAL OCCUPATION 11YPE OF, WORK FOR MOST OF WORKING	124 KIND OF BUSINESS OR
Pi	SUA SUA	Calvert Masine	NURSING	HOME	Housewife	Stire) INDOSTRI
ÚSÚ	AL RESIDENCE HE NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BE		, June	ACOSC W INC	(10.05)
13a	TATE 136 COVI			DE CITY LIMITS?	13e. STREET ADDRESS	- 99999
	ENNA	eske Oxfo	Rd YES 12	NO 🗌	557 W. Loc	UST ST.
19. F	ATHER'S NAME		15 MOT	HER'S MAIDEN NAM	ME	
	IRST //alland	MIDDLE		FIRST	In POLE OF	al an last
	V. HOWARC	MOMPSON	560000000000000000000000000000000000000	אואווון	A ADDRESS	CHARAS
160		RMED FORCES? 166 SOCIAL SI	ECURITY NO 17 INFO	RMANT	ADDRESS	01:10
	No	361-40	- 3514 Edit	K 1. CAUFI	MAN 557W.LOU	EUST ST CHORITA
	IN CAUSE OF BEATURE		- Warrange			APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) ED BY:	1		1 . 1.	BETWEEN ONSET AND DEATH
	IMMEDIA	TE CAUSE (a)	Lionespe	racores	Talline	ansmediale.
		DUE TO, OR AS A CONSE	OUENCE OF Y	etrangul	ated herria	. 116 1.
	Conditions, if ony, which	(nat	operative !	meetin	be section	Trucke
	gave rise to immediate	(6)	secund.	TO DO CO THE	y - me vectory	
	couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF	1		1 weals
	underlying couse last	(c) 12 m	eumor	ua		2 march
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED JO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 100 .
Z	300000	to in ai	us Time	of ago.	cerebellar de	deserations
CERTIFICATION	190 DATE OF OPERATION	198 CONDITION FOR WH	ICH OPERATION WAS D	EDECIDATED		YES, WERE FINDINGS USED
10	A Comment	Thomas I	ICH OF LIAN ON WAS F	ARTORNIED		RTIFYING CAUSES OF DEATH?
] =	guy 1,8/	x vingula	ued viers	ua	YES NO	YES NO
Ü	210. ACCIDENT AS UNDERLYING	216. TIME OF INJURY		W INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DE					
Š	1 IF EITHER, NOTIFY MEDICAL EXAMINER 2 Id. INJURY OCCURRED		19	TATION		
MEDICAL		21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 21f. LOC	TREET	CITY OR TOWN	COUNTY STATE
1	AT WORK AT WORK			- 0-		
		ital) attended the deceased fra	m dug	19 01	- ta	
	saw the deceased alive or	1111111111111111	0	my) aur) apinian c	death accurred an the date and I	
	obave, (I) (we) (did (idid no	view the body ofter death.				
	226. SIGNATURE		DEGREE			221 DATE SIGNED
	Jaye 1	Doyle /	NWX.	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	aug_3.1987
1	224 PHYSICIAN S NAME (TYPE O	OR PRINT)	22e AD		1 - 1 6 1	-
	FAVE R	DAVIE M.	17 /3	3. You	+2+ (x lar-	10 102/2
	E-11/1-11.	VOICE MI) docum	us, mora	(, (a-1726)
23a	BURIAL, CREMATION, REMOVAL	. 236. DATE / 2	3c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	COUNTY OF THE
1	CREMATION)	8/3/1987	R.A. FERRIS	Co	Mizest Oboston	about tours
-	UNERAL DIRECTOR	1 0/0/1101	-17 July 1 20	125A BATE	PET DO AV AF THE PART OF A	ISTRAPE GIVALAT
124 E	DITERAL DIRECTOR		A (.HIIIII7/1	12/14/16	THE PARTY OF THE PROPERTY OF THE PARTY OF TH	MA : R.W. Car Coll. Marie
24 F	NAME of	ADDRESS	ougura 7	HOL	20 000	

The state of the s Service of The American State of the American FILE TO SEE STATE OF THE STATE OF THE SECOND SECOND

TO FUNERAL DIRECTOR: After the certil should be detached for use as the territories with the State Dept. of Health and Mental MPORTANT if here 21 is marked

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA YGIENE

G	FOR STATE FEISTRAR		DEPARTA		IEALTH AND MENTADYG		G. NO.		
0	1. DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR
П	Gladys	N	4.	Gr	egson	August	8 1	1987 12:35 _{AM}	
1	3. SEX	4 RACE		5. DATE O	OF BIRTH	6 AGE IN YEARS LA	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female	White		Mass		81	YRS.	MONTHS BATS	HOURS MIN
1	To BIRTHPLACE (STATE OR FOREIGN		CITIZEN OF WHAT COUNTRY?			9 BALTIMORE CI		Y OF DEATH	
	Maryland	U.S.	Δ	WIDOW	D NEVER MARRIED DIVORCED D	Cocil	County		MD.
1	O CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (OR OTHER INSTITUTION	120 USUAL OCCL	JPATION		F BUSINESS OR
	Elkton	5 Peach	n Road			Seamstr			g Mills
1	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU		13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e.STREET ADDR	ESS / ZIP COD	DE	
1	Maryland Cec	il	Elk Mill:	S	YES X NO	524 Elk	Mills R	Road 21	920
7	14. FATHER'S NAME	WIDOLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDI	DIE	LAS	1
4	George		Mann		Mary			Moo	
		WAS DECEASED EVER IN U.S. ARMED FORCES?			17 INFORMANT	A	DDRESS		
	NO NO OR UNKNOWN)	VE WAR OR DATES!	218 34	0704	Ralph A. Gree	gson, Sr.	Elkto	on, Md.	MATE INTERVAL ONSET AND DEATH
Y	Canditions, if any, which gave rise to immediate couse [a], stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [(c)CONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED	200 AUTOPSY?	20b. IF YI	ES, WERE FINDIN	NGS USED OF DEATH?
4	71a ACCIDENT WAS UNDERLYING	7 21b. TIME O	IN HERY 21r HOW IN HERY OCCUR			RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)			
1		HOUR A.	M. MONTH DA		THE HOW INJURY OCCURR	(ENIER MATURE C	FINJURY IN HEM 18	PARTION PART 2]	
	OR CONTRIBUTING CAUSE OF DE CHETTER NOTIFY MEDICAL EXAMINE	P. P	M. OF INJURY	19	211 LOCATION				
	WHILE NOT WHILE AT WORK		REET FACTORY OFFICE, F	ARM, ETC.)	STREET	CITA	ORTOWN	COUNTY	STATE
		22a.1 certify that (1) (this haspital) attended the deceased from 19 and that in (my our) particles and all and had an attended the deceased from 19 and that in (my our) particles and and an attended the deceased from 19 and that in (my our) particles and that in (my our) particles are the bag after death.							that (I) last causes stated SIGNED
4	224 PHYSTEIAN'S NAME (THE	00	us			MEDICAL DIRECTOR PI	HYSICIAN [
	Dr. Joseph G		, M. D.		721 Bridge St	treet, El	kton, Mc	1. 21	921
4	BURIAL, CREMATION, REMOVAL			NAME OF (CEMETERY OR CREMATORY	23d LOCATION	1		
İ	Burial	8/11/	/87 y Gi	lpin	Manor Mem. Par	ck Elkto	n	Cecil	Md.
	24 FUNERAL DIRECTOR NAME	46	Heck	-00		E REC'D. BY REGIS	TRAR 256 REGIS	STRAR'S SIGNAT	URE
	Hicks Home fo	r Funera	als	Elk	ton, Md. AUG	1 4 1987		-1-0	1.00

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

- STATE REGISTRAR 20 DATE OF DEATH 2b HOUR Carvil Theodore Hamilton (TYPE OR PRINT) August 6, 1987 1648 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX Male White Tune TO BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED North East. Md U.S.A. Cecil WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Elkton Maint. Local Govt. 13d. INSIDE CITY LIMITS? 13e.STREET BODRESS ZIS CODE ILE ECHALL 21901 YES TO NO 14 FATHER'S NAME Harry R. MIDD Hamilton LAST 15 MOTHER'S MAIDEN NAME Carrie R. Irwin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Beech St. (YES NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST 218-18-4241 Margaret J. Hamilton North East. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: BRISSCUBROTIL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 198 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? CERT 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET FACTORY, OFFICE FARMAFFC) WHILE NOWHILE 220 1 certify that (Tights hospital) attended the deceased from, and that in (My our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove. (I) we) (aid) did not) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR | PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY Elkton Celejary State (SPECIFY)Burial 7-10-87 Wesley Chapel North East, Md 1250 DATEREC DOTTEGISTUR 256 REGISTRAR'S SIGNATURE 24 FUNERA DROIDEN Funeral Home

DHMH - 16 60M 7/84 (VRA 15, 4)

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4 1 7 3 AUG	311	8 FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLA EALTH AND I ICATE OF I	MENTAL HOS		2 3	. 8	
		PECEASED NAME FIRST		WIDDLE	ı	451		20. DATE OF DEATI	H MONTH	DAY YEAR	26 HOUR
eo th	0	CHAR	LES	AMBROSE	HA	RT		AUGUST	25,	1987	3:33P
do do	3. 3	EX	4. RACE		5. DATE C	F BIRTH	VEAD	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
ge 4		MALE	WHI		JUN	E 27,	1914	73	YRS		
Poor 2 hou	70.	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	NEVER	MARRIED -	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
deoth.	1	NEW YORK		.A.	WIDOWE	DIX DI	VORCED [ECIL	To a second	N
by the filled with		CITY OR TOWN OF DEATH ELKTON	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET I INION HOSP	ITAL	R OTHER INS	TITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MC NURSE		IFE) INDUSTRY	M.C.
24 hours	13		ECIL	GIVE RESIDENCE BEFORE 13c. CITY OR TOW CHARLEST	N	13d. INSIDE C	NO [136 STREET ADDRE P.O.B		DE X	1919
Sheet within	72, 14	FATHER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME	F	LA ⁴	51
p ld g	0	John	THE STATE OF THE S	Hart		Ar	nna			Alber	t
icol icol	1 160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	INA	AD	DRESS		
me co		YES	WW 11	078-01-9	474	KATHR	YN JUNE	PALMER, C	HARLEST		ARYLAND
tuires that the death cer signed by the attending hen please remove carbo o buriol, cremation, or re jury, or other froumatic	2	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	(b)	DR AS A CONSEQUE	ENCE OF	NOT RELATED	heard of the TERM	disse INAL DISEASE OR C	ONDITION G	IVEN IN PART 1	a
The low rection. the hos been it permit. I here prior it permit. I here prior it permits it is a permit in the pe	CEPTIEIC ATION	19a DATE OF OPERATION 7 8 87	В	addy	OPERATIO		1	200 AUTOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSES 'ES []	
AN. The hysicide front f	7	00 000 000 000 000 000 000 000	110110 1	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW IN	NJURY OCCURI	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
G PHYSICIA ottending pl er this certifi s the buriol-ti ond Mentol	7 Pagican	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE NOTIFY MEDICAL EXAMINATION OF	AINER) F	P.M. E OF INJURY TREET, FACTORY, OFFICE F	19 ARM, ETC)	211 LOCATI	ON T	CITY	OWN TOWN	COUNTY	STATE
or or se or mor		22a.1 certify that (1) (this h	ospital) attended t	he deceosed from_			. 19	, to		. 19	that (I) (we) la
TTEN pritol TTOR for u of H		saw the deceased aliv above, (1) (we) (did) (di	e on d nat) view the bod	y after death.	, 0	nd that in (my) (our) opinion	deoth occurred on th	ie date and ho	our and Irom the	causes stoted
TAL OR ATT y the hosping RAL DIRECT detoched for rote Dept. of tall if them 2		22b. SIGNATURE	50	Eas,	MID		ATTENDING PHYSICIAN		STAFF YSICIAN [8/s	25/87
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote	1	EDDIE	S,	SAW 1	4-10.	13 8	8 C	athe draw	ST.	EU	ton 1
	23	BURIAL, CREMATION, REMO	100				CREMATORY	23d. LOCATION	pompp (CHESTER	CO STATE
BP	-	OREMATION	AUG.	26, 1987	R.A.F	ERRIS	& CO.	MEDI CH			
DHMH - 16 60M 7/B4 (VRA 15, 4)	IE	E A. PATTERSON	& SON.	PERRYVIII	A MA	DVI AND	AU	G 2 7 1987	Julia	JUNE STONA	Kindala

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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and .	-			

	7 8	REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0.			
1	1. DE4	CEASED NAME FIRST		MIDDLE		LAST		HINOM	DAY YEAR	26 HOUR	
	(146E	THEODORE		R	HAYE	S	AUGUST 11.	1987		5:55A M	
	3. SE)	X	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
-	4	Male	Black		3	15 09	78	YRS.	MONTHS DAYS	HOURS MIN.	
	7n. BI	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	BALTIMORE CITY		Y OF DEATH		
		Vashington.D.C.	USA		WIDOW		Ceci1			MD.	
1	JII. CI	ITY OR TOWN OF DEATH			G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR	
5	PI	ERRY POINT, MD		DICAL CEN'			Retired/A		WEST INDUSTRY		
1	TUSU/	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION		ADMISSION)		13e. STREET ADDRESS				
Z		1 3	ford	Aberdeen	~	YES X NO	510 Ohio (ourt	210	001	
2	-	ATHER'S NAME				15. MOTHER'S MAIDEN NAM	ΛĖ	· Our c			
4		FIRST Unknown	WIDDLE	LAST		FIRST	Unknown		LAS	ST	
		WAS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI				
1	0	YES, NO OR UNKNOWN) (IF YES, GI	T T	140-10-	3222	Annie D. Have	510 Ohi es Aberdee	o Cou		01	
						Trimite D. Hay	es Aberdee	110 110		CIMATE INTERVAL ONSET AND DEATH	
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: VENTRICULAR FIBRILLATION								ONSE! AND DEATH	
		IMMEDIATE CAUSE (0)									
		Conditions, if any, which ((b) CANCER OF PROSTATE AND LUNG									
1	gove rise to immediate										
		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									(0	
	NO.	CHRONIC OBSTRUCTIVE PULMONARY DISEASE									
7	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH				N WAS PERFORMED	20a AUTOPSY?		VERE FINDINGS USED NG CAUSES OF DEATH?		
	F						YES NO		ES [NO [
^	E E	21a. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	V VEAD	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
1	¥	OR CONTRIBUTING CAUSE OF DE	AIB	M. MONTH DA	19	200 100					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION	CITY OF TO)WN	COUNTY	STATE	
	Ž	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE F	ARM, ETC)	ZIKEEI	CITORIC		(00111)	3.4.1	
		220.1 certify that 26 (this hosp	ital) attended th	e deceosed from	AUGUS	T 6 19.87	to_AUGUST	11	19.87	that X1 (we) lost	
		sow the deceased olive ar abave, M) (we) (did) (dMX	AUGUST	19_	87	and that in (75% our) apinion d	leath occurred on the d	ate and ha	iur and from the	causes stated	
		226 SIGNATURE	A view The body	oner deam.		DEGREE			22c DATE	SIGNED	
		alley don Raypon Wil ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							8-1	11-87	
1		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	11		22e ADDRESS	, , , , , , , , , , , , , , , , , , , ,				
		GLENDON RAYSO	N M D	0		VA MEDICAL CEN	TER PERRY	POTN	מא ידו		
	23a 8	RUPIAL CREMATION REMOVAL		23c N	IAME OF	CEMETERY OR CREMATORY	23d LOCATION	2021	1, 110,		
	(Burial	8/17/	87 Ar	lingt	on Nat. Cem.	Arlington	ı Ar.	lington	Va.	
		UNERAL DIRECTOR				S. Parke Standard	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNA	TURE	
	Ta	rring Funeral H	lome, Ab				1 4 1987	dia D	undern-Ra	adalib.	
							×				

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR. nould be detached for MPORTANT, If he

DHMH - 16 50M 1/81 (VRA 15, 4)

063020 AUG

in 72 hours after death

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certificate has been signed by and Mental Hygiene prior to burial,

certificot

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

D 0	TREGISTRAR			DEI ART		ICATE OF D			REG. N	O'.				
	CEASED NAME	FIRST	2-1	MIDDLE	l	AST	100	2a. DATE C	F DEATH	MONTH	DAY	YEAR	2b. HOL	UR
(,	CORPRINT	JAMES		Roy	HOLI	DEN		AUG	UST 8	. 198	7		3:5	5A M
3 SE	Х		4. RACE		S. DATE C			6. AGE (IN	YEARS LAST BIF	THDAY)	IF UNDER	L YEAR	IF UNDER	R 24 HRS
1	Male		White	9	04-	24-25	YEAR	62		YRS.	MUNTAS	DATS	HOURS	MIN.
7a. B1	IRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER M	ARRIED T		ORE CITY C	R COUNT	Y OF DEA	ATH ,		
	Maryland		U.S.		WIDOWE		ORCED [cil Co					MD.
5	TY OR TOWN OF ERRY POIN	1	(IF NOT IN SUC	HOSPITAL, NURSII HEACHITY, GIVE STREET DICAL CE	ADDRESS)	OR OTHER INST	TUTION	(TYPE OF WO	OCCUPAT RK FOR MOST O	OF WORKING L	FEI INDL		F BUSIN	ESS OR
13e. S	ALRESIDENCE (IF STATE Maryland	13b. COUN	VTY	Inglesi	VN	13d. INSIDE CI	TY LIMITS?	13¢. STREE1	ADDRESS 21644					
	ATHER'S NAME					15. MOTHER'S		ME						
1	John	W. Hol	den	LAST:			nsi lara F	aulkne	MIDDLE			ĮAST		
	WAS DECEASED E	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECT	URITY NO.	17. INFORMAN			ADDR	ESS	MD	216	20	
- 0	YES, NO OR UNKNOWN	W.W	VE WAR OR DATES)	218-33-	0984	Mabel	R. Mim	ford.	622 F	ligh S				rtown
-				line for (a), (b), as	-1	1.10007	110 110011	4014	022 1	- Dat &			MATE INTE	
CERTIFICATION			CONDITIONS CO	TO, OR ASCUTE RENAL FAILURE (c) INS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CONDITION FOR WHICH OPERATION WAS PERFORMED				NINAL DISEA		20b. IF YE	VEN IN PA	FINDIN	GS USE	D TH?
E								YES 🗌	NOXX		ES 🗌		NO [
MEDICAL CE	216. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 216. INJURY OCC WHILE AT WORK	CAUSE OF DE	P. PLACE	M. MONTH D M.	19	216 HOW INJ		RED (ENTER 1	CITY OR TO		COU			STATE
-			ital) attended th	e deceased from.	TITT V	6	. 19-87	to_A1	IGUST	8	19_8	7_1	hot Mr.	(we) last
	sow the dec	eased alive on	AUGUST	8 19.5	87	DEGREE A	our) opinion	MEDICAL		FF		om the		toted
	27d. PHYSICIAN'S	1		1 -		22e ADDRESS				A				
	MICHAE	L TAYLO	R, M.D.			VA MED	ICAL C	ENTER	, PERI	RY POI	INT,	MD.		
	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	73c.	NAME OF C	EMETERY OR C	REMATORY	23d LOC	ATION		CONTRACT	v		STATE
	Bur:	lal	08-11	-87 T	emplev	ille Ce	metery		mplev:	ille	Car	oli		MD
	UNERAL DIRECTO		AT HOME	, CHURCH	2	1623		TE REC'D. BY	REGISTRA	250, RESS	TRARSS		馬	í

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After mula be detoched for use os the time State Dept of Health

MPORTANT: If Hem 21 is

ed by the hospitol or

		1.	FOR		D	ST PEPARTMENT O	ATE OF M	AND MENTAL	/ 60	3 4	8 6	
063	48 AUG		RUSTRAR		MED	DICAL EXAMI	NER'S C	ERTIFICATE	OF DEATH	REG. NO.		
	,		CEASED NAME	FIRST	1 1 1 1 1 1 1 1	MIDDLE		AST	20. DATE OF	E KNOWN ESTI-	MONTH DAY	Y YEAR 26 HOU
1	経済経過に			Don	ald :	D.	Holste	er		H MATED	8-17	19 87
1	海岸宝点無	3 SE)	4	RACE	S DATE OF BIRTH	YEAR LAST BIRT	HDAY) MONTHS		R 24 HRS 2c DA	I E	MONTH DAY	Y YEAR 24 HOU 9:05
~	F. C.	Ma	ale	White		1926 61	ALC: THE	DATS HOURS	MIN PRONOI		8-17	1987
_	20年できたして		RTHPLACE (STA	TE OR	76 CITIZEN OF WH	AT COUNTRY?	MARRIE	D KNEVER MAR	RIED 9 BALTI	IMORE CITY OR	COUNTY OF	DEATH
	SASA.			nia	U.S.A.		WIDOWE			ecil Cour	nty	M
10	A PROPERTY	10 C	ennsylva ITY OR TOWN O	F DEATH	II. NAME OF HOSE	PITAL, NURSING HO	ME, OR OTHE	RINSTITUTION	12a USUAL OCC	UPATION ITYPE OF		CIND OF BUSINESS OR INDUSTRY
-10	304 # O/	E	lkton		Union Hos	spital of	Cecil	County	30 Yrs.		Mi	litary
=	NO STATE		AL RESIDENCE (II	FIN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADM		13d INSIDE CITY LIMITS?			Se	rvice
2120	A SEED OF		rvland	Ced		North Eas		YES X NO		mas Aven	ue 2	1901
9	Torong Ball		ATHER'S NAME	1 00				15 MOTHER'S MAIL				
20	E 55 5 /	He	enry		MIDDLE	Holster	3.7	Helen		MIDDLE	Dea	LAST
BALTIMOR	8 5 5 7 /	16a. V	VAS DECEASED	EVER IN U.S. AR	RMED FORCES?	166 SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDRESS	Dea	<u>- y</u>
=	S AFTER GIVE PA GIVE PA FAGES IVISION		Yes Arm		E WAR OR DATES)	199 16 1	680	Alfreda A	A. Holste	т. 308 Т	homas	Ave.N.E.Mo
100					nly one cause per line					7 000 2		APPROXIMATE INTERVAL
TS 7	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D		PART I DE A	TILIBALAC CALLET	D BY: ATE CAUSE (0) Art		otic c	ardiovaso	cular dise	ease	BF	TWEEN ONSET AND DEATH
101	ALOI T PE OVA			IMMEDIA		AS A CONSEQUENC		02.010.0				
PRESTON	NNSI NEW YEAR			, if any, which							200	
×.	ANN ANN ON TRANSPORTED TRANSPORTED TO THE PROPERTY OF THE PROP		couse (o) s	to immediate		AS A CONSEQUENC	E OF					
201	EXAN EXAN EXAN EXAN EXAN EXAN		lying cause	lost.	(6)							
DS,	WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HON CATE, WRITING THE WORD "PENDING". IN PENCIL IN ITEM 11 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG ME, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMITHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, NND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 DIHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UI NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION GIVEN IN I	PART I o			
RECORDS	S A SEN	Z										
	L. F. P.	1 5	19a. DATE OF C	PERATION	196 CONDIT	ION FOR WHICH OP	ERATION WA	AS PERFORMED?	(1 - Je. 14)		20	AUTOPSY?
VITAL	古る当の方	Ĭ.										YES 🛛 NO
OF V	NE SENTE	CERTIFICATION	210. EXTERNAL		21b. TIME OF	INJURY MONTH DAY YE		W INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	et 1 OR PART 2)	
	SE SONTE		UNDERLYING CONTRIBUTING	G CAUSE OF		MONTH DAT 15	AK					
DIVISION	SEP PRI	MEDICAL	21d INJURY OC	CURRED		FINJURY (ATHOME,	21f LOC	ATION	CITY OR	POWE	COUNTY	STATE
ā	WRII WRII AAR AGE AGE 1201	2	WHILE AT WORK	AT WORK		SAT, TARM, ETC.)		NEE!	CITYOR	OWN	COUNTY	STATE
	R: THE, THE, PARKER PAR				ge of the remains desc	ribed obove held on	Autopsy	X Inspect	on , Inquir	ry and i	in my opinion	WE-17 11-12
	ECERTIFICATE, DUID BE FORW L DIRECTOR: F, WITH THE S' MARYLAND,		death resulted		oral couses X,		Suicide .	Homicide .	Undetermined		ir iiiy opiiiioii	
	CERTIFICACE DIRECT , WITH MARYLA		geam regarde	M	- (outide	TITLE (SPECIFY)	ongerenmed	memer		
	W. A.		ACTUAL SIGNATURE	MOUN	NE Ne	Jan 18,	M.I	1	nt MEDICAL EXA	AMAINIED	DATE 8	8-18-87
	SEA SEA	1		J	***	V 1 000						
	TER PER PER PER PER PER PER PER PER PER P	1	(TYPE OR PRIN	AME M	argarita A	. Korell,	M.D.	DDRESS_111	Penn Str	eet, Bal	to.,MD	21201
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BATTIMORE, M	23o. B	URIAL, CREMATI		73b DATE	23c. NAME OF C			23d. LOCATION		COUNTY	STATE
07/84	BP	(:	Buri	al	8/24/87.	North Ea	st Met	hodist	North Ea	ast	Cecil	Md.
25M	DHMH - 17	24.7	UNERAL DIE		6. Her	kel		25e. DATI	REC'D. BY REGIST	RAR 256 REGIST	RAR'S SIGNA	ATURE
	(VR A15 ME (5))		Hicks	Home for	r Funeral's	Elk	cton, M	id. AU	621 198	7 Junear	Witten	you whatele

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23 ~ 87

	4 8	EGISTRAR	÷.	CERTIFI	CATE OF DE	ATH O	REG. N	0.			
	1. DEC	CEASED NAME FIRST	WIDDLE	LA	ST	J- 7	20. DATE OF DEATH		YEAR	26 HOUR	-
	1111115	Harriett	te A.	Jo	nes			8 - 31.	- 87	11:20PM	
	1.5EX	Female	1 RACE	5. DATE OF	BIRTH DAY	YEAR O /	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.	
1	The BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	□ NEVER MA	RRIED T	9 BALTIMORE CITY C	R COUNTY O	FDEATH		
)	Co	eci/MARYLAND	USA	WIDOWED	214	RCED	CEC	IL		MD).
١	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OF	OTHER INSTIT	UTION	12a USUAL OCCUPAT		126 KIND OF	BUSINESS OR	
Ł.		sing Sun	Calvert	manoi	-		Houseu				
5	IJa S	RESIDENCE (IF NURSING HOMEOR TATE 13b. COUN	NTY 13c CITY	OR TOWN	13d. INSIDE CITY	LIMITS?	13e.STREET ADDRESS	ZIP CODE	Rd a	21903	
X	14. FA	THER'S NAME	MIDDLE .	1,457	15. MOTHER'S M	AIDEN NAM					
	A	dolph Fi	ritz Ex	lund	Lule	2_	WIDDLE	(Seth	zuser	
1		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT		ADDRI	SS			
		NO		-34-7034	Helen	Gam	b/c 1144	Bi995	Hwx. K	ising)	シカ
		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE	ly ane cause per line for ta), (b), and (c)	1	•	1		BETWEEN	NATE INTERNAL	
			TE CAUSE (a)	reboras	cula	over	elmo		3	hom.	_
			DUE TO, OR AS A CO	INSEQUENCE OF	1	10	0		10		
		Canditions, if ony, which gove rise to immediate		10	ww.	- 76					
		cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	- 0						
		underlying cause last.	(c)								=
	2	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUT	ING TO DEATH BUT I	NOT RELATED TO	O THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 110		
-	ATIO	19n DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORA	AED	20a AUTOPSY?	1206 IF YES, V	VERE FINDIN	GS LISED.	-
2	CERTIFICATION	THE DATE OF CITETION	17,0 2011,011,011				_ ×		G CAUSES		
-	ERT	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJU	RY OCCURRE			I OR PART 2)	NO L	-
1		OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e. PLACE OF INJURY	1	211. LOCATION				COUNTY	STATE	
	W	NOT WHILE	(AT HOME, STREET, FACTORY	Y, OFFICE FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	SIAIC	
		22a.1 certify that (I) (this hospi	tal) attended the decease	d frage 6-	1-70	19	_, to	31 19	37	hat (I) (we) last	
		saw the deceased alive an obave, (‡) (we) (did) (did no	3-31		d that in (my) (o	ur) apinion d	eath occurred an the d	ate and haur a	nd fram the o	ouses stated	
		276. SIGNATURE	0001		EGREE				22c DATE	SIGNED	_
		Unw	a Jay lo	1 X W	M ATT	YSICIAN X	MEDICAL STA	FF CIAN []	9-1	-87	
T		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	9	22e ADDRESS				DIFT 432	2464	
		NEIL R. TAYLO	R JR., M.D.		HAINES&	WALNU	T, RISING	SUN, MA	RYLANI	elyii	L
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CE			23d LOCATION			NE A PORREY AN	=
		BURLAL	Sept. 3, 19	PRINCIPI	O CEMET	ERY	PERRYVILL	E, CECI	T.GO.	MARYLA	ND.
	8	Joint I	,5000.5,19								_
	202	ALLAL DIRECTOR TO !!	& SON, PERRY	In			REC'D. BY REGISTRAR EP 3 1987				

73c. NAME OF CEMETERY OR CREMATORY

Crouch Funeral Home North

Lansdale Crematory

STATE OF MARYLAND

MD

21201

Pa.

ADDRESS 111 Penn St., Balto., MD

Lansdale Mont.

DHMH - 17 (VR A15 ME (5))

9

EXAMINER'S NAME

23g. BURIAL, CREMATION REMOVAL 23b. DATE

(TYPE OR PRINT)

Ann M. Dixon, M.D.

400 00 881 July Down Have

6223

moy be

requires that the death certificate be executed within 24 hours after death. Page 4

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_	EGISTRAR			CENTIL	ICATE OF DEATH	REG. 1N	10.					
TYPE OR	ASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR			
(TIPE OR	HANS	WOLFO	GANG L	EWENZ		AUGUST 2,	1987		11:40			
3 SEX		4. RACE		S. DATE		6. AGE HIN YEARS LAST BE	RTHDAY}	IF UNDER 1 YEAR	IF UNDER 24 H			
M	lale	White	9	Feb.	5,1913 YEAR	74	YRS.	MONTHS DAYS	HOURS MI			
	HPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	DXX NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY	OF DEATH				
	ermany	USA		WIDOWI		Cecil Cou	-					
PER	OR TOWN OF DEATH	VA ME	DICAL CEN	TER	DR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Plant Man	OF WORKING LIFE	126 KIND C INDUSTRY GAF C	orp.			
13e. STA	- 1	timore	13c. CITY OR TOWN Ruxton		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 7501 Club	Rd.	21204				
) н	er's NAME ans Leo Lewen:		LAST		15. MOTHER'S MAIDEN NAME Ella A	nhold MIDDLE		LA	51			
	NO OR UNKNOWN) (IF YES, GN	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDR	ESS					
		[I	298-07-	3537	Betty D. Lewe	enz Sa	me	- /-				
18	CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per	line for (o), (b), and	d (c).)				BETWEEN	MATE INTERVAL ONSET AND DEAT			
		E CAUSE (o)	CARDIOP	ULMON	JARY ARREST			100				
NOIL	ALZHEIMER S	DISEAS	E									
CERTIFICATION	DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDI YING CAUSES S 🔀	OF DEATH?			
₹ °	ACCIDENT WAS UNDERLYING CAUSE OF DEA IF EITHER NOTIFY MEDICAL EXAMINES		M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)				
	MILE NOT WHILE AT WORK	21e. PLACE		ARM, ETC }	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE			
WHILE AT WORK IN A TWORK WILE AT WORK IN A TWORK IN A TWO												
	obove, thinve) (did) (ditting				DEGREE			The DAY	SIGNED			
	A SIGNAYUN		18	w	ATTENDING PHYSICIAN	MEDICAL STA	CIANX	8/2	187			
22	d PHYSICIAN'S NAME (TYPE O	R, M.D.	10	w		DIRECTOR PHYSIC	CIANX	8/2 r, MD.	157			
22 230 BUR (SPE)	d. PHYSICIAN'S NAME (TYPE O	R, M.D.	,1987	Gre	PHYSICIAN [NTER, PERRY 133d LOCATION CITY OF TOWN Baltimor	POINT	county Mar	state yland			

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

r• ;

L DECEASED NAME 20. DATE OF DEATH TYPE OR PRINT) 3. SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR **BALTIMORE CITY OR COUNTY OF DEATH** To. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 166. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause DIVISION OF VITAL RECORDS, 201 CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE D NOT WHILE AT WORK 220.1 certify that (1) Ithis haspital) attended the deceased from saw the deceased al and that in my (aur) apinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 0

23b. DATE

FOR

- STATE

REGISTRAR

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

23C NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGGENE

CERTIFICATE OF DEATH

REG. NO

250 DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE

22c. DATE SIGNED

STATE

26 HOUR

126 KIND OF BUSINESS OR

SRSOF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

INDUSTRY

YES [

COUNTY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MANYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

2 3

-1	GISTRAR				CERTIF	ICATE OF DEATH		REG. NO		- 5		
	CEASED NAME	FIRST	٨	AIDDLE	l	AST	20 DATE OF DE	ATH MONTH	DAY	YEAR	26 HOUR	
	Edi	th			Mart	inez		Aug.	23 1	987		М
3 SE	Х	4	RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)		DER 1 YEAR	IF UNDER 24	
	Female	200	White		Dec.		92	YR	MONTH	DAYS	HOURS	AA (N),
	RTHPLACE (STATE OR FI COUNTRY) Virginia	OREIGN 7	U.S.A	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE	CITY OR COU		HTASC		
10 C	ITY OR TOWN OF DEA	TH 1			WIDOWE	D DIVORCED DIVORCED	Cecil (12	F KIND OI	F BUSINESS	MD.
	Elkton		Laurelw	ood Nurs	ing Ce		None None			DUSTRY		
13a. :	AL RESIDENCE (IF NURSI STATE Marvland	13b COUNT	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Elkton		13d INSIDE CITY LIMITS?	13e STREET ADD			2192 Elkto	l n, Md	
14. F/	ATHER'S NAME FIRST		known)	LA5T		15. MOTHER'S MAIDEN NAM	M	nknown)		LAST		
	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	21.2 56		Nursing Home		ADDRESS Laure	lwoo	d N.	C.,El	kton
7	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	nediate g the last.	(b)	R AS A CONSEQUE CONTRIBUTING TO 1	ENCE OF	Legal Cestion	INAL DISEASE OF	Pews R CONDITION	GIVEN IN	N PART 110		
CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS			RE FINDING CAUSES	GS USED OF DEATH	>
MEDICAL CER	210 ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHITE NOTIFY MEDIC 220 I certify the (1) 22b. SONATURE	AUSE OF DEAT AL EXAMINER) PED THE COMMISSION THE CO	P./ RIE PLACE (AT MOME STR	M. MONTH DAM. OF INJURY EEEL FACTORY OFFICE F delive-sed from 19	19 ARM ETC) 2/	216 HOW INJURY OCCURE 216 LOCATION STREET 19 and they in (my) our) opinion DEGREE ATTENDING PHYSICIAN P	RED (ENTER NATURE	of INJURY IN ITEM	18 PARI I C	I from the c	hot If (we couses state SIGNED	Ost
			Lanzi	i, M.D.)	721 Bridge S	treet, E	lkton,	Mđ.	2	19:	1921 /

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove carb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or a

MPORTANT: If Item 21 is marked or Item 18 shows

230 BURIAL, CREMATION, REMOVAL

Burial

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

injury, or other troumotic event,

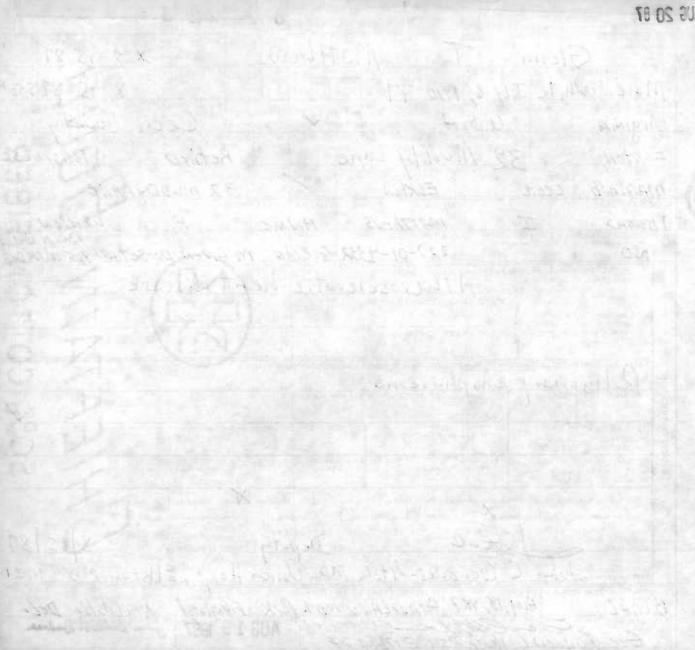
8/36/87 24 FUNERAL DIRECTOR NHicks Home for Funerals DDRESS

23b. DATE

23d LOCATION Elkton, Cecil Gilpin Manor Mem. Park 250 DATE REC'D. BY REGISTRA 256

Md . Md

STATE OF MARYLAND 063298 AUG 208 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF UNERAL DIRECTOR.
5 FOR YOUR FILES.
WITHIN 72 HOURS
ESTON STREET, DEATH MATED DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY MONTHS PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNT NEVER MARRIED FILED, TOWN OF DEATH 11. NAME OF HO NURSING HOME, OR OTHER INSTITUTION BUSINESS RETICED BUSINESS BE 1136 COUNTY 13d. INSIDE CULTIMITS? 13e STREET ADDRESS MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION PAGES (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) GIVE NO 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b) IN MEDICAL ECRETICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2-QTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION OUST 4 sema 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [] NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WOR STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined monner ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME (TYPE OR PRINT) -230 BURIAL, CREMATION, REMOVAL 236 DATE 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



MARYLAND 21201	
BALTIMORE,	
W. PRESTON ST.	
, 201	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21	
DIVISION	
1	

062042 AUG

director, page 3 haurs ofter death

tending physician and corbonpapers. Page:

STATE OF MARYLAND

2	3	4	9	م
(Great				

1 - STA					CATE OF DEATH		3 6	1 7	
	SED NAME FIRST		WIDDIE	LAS	ī	20. DATE OF DEAT		DAY YEA	AR 1 2b HOUR
(TYPE OR PR	Stanley	Le	e M.	ay		0	8-5	-87	0906
3 SEX	Boarrag	4 RACE		DATE OF	BIRTH	6. AGE IN YEARS LAS		IF UNDER 1 Y	
Mal	.e	White		July	1201 1921	66	MB		AYS HOURS MIN
70 BIRTHE	PLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8			9 BALTIMORE CIT	Y OR COUN		H
COUNT	Va.	U.S.	A	MARRIED	NEVER MARRIED DIVORCED	Cec	_		
	R TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME OR	OTHER INSTITUTION	12a USUAL OCCU	PATION	12b. KIN	ND OF BUSINESS C
Elkt	ton	(IF NOT IN SU	nion Hosp	oita		Saw Mi	II WK	er.	Ind.
USUAL RE 130 STAU Md	SIDENCE (IF MURSING HOME OR COUNTY)	ITY,	GIVE RESIDENCE BEFORE AD		3d. INSIDE CITY LIMITS?	130 STREET APPRE	ssízipco aírs	Shore	Rd. 21
I4 FATHE	FIRST James E	May	LAST		S. MOTHER'S MAIDEN NAM	tha Mar	tin		LAST
	DECEASED EVER IN U.S. AR	MED FORCES?	234-26-2		Mary Honak		BTair on. M		re Rd. 1921
go con uni PAR	Conditions, if ony, which gove rise to immediate		R AS A CONSEQUENCE ON TRIBUTING TO DES	CE OF		INAL DISEASE OR C	20b. IF '	res, were fir	NDINGS USED
TIES			/			YES NO		TIFYING CAU	ISES OF DEATH?
000	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.	F INJURY M. MONTH DAY M.	YE AR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF	I MJTI MI VRULMI	8 PART I OR PART	7)
W I	INJURY OCCURRED	21e PLACE	OF INJURY REET FACTORY, OFFICE, FARA	A ETC }	21f LOCATION STREET	C 17 Y C	OR TOWN	COUNTY	Y STATE
	I certify that (I) (this hospi saw the deceased alive an above (I) per I did (this no	215	e deceased from	2, ond	that in (my) (or) opinion of	, to 0906. A death occurred on the	e dore and h		
224	SIGNAYOR X	Lun	5	M	ATTENDING PHYSICIAN ADDRESS		STAFF YSICIAN X	8/	ATE SIGNED
	PETER ST	PVRA	KI'S MI	1.	ELHTO	VMB.	UM	on He	BNOTAL
SHCK	Dartar	8-8-	100		metery or crematory oat Cem.	White te	Chiller	hyrics	prings
4 FUNER	AL OFFICE Fu	neral	Home Nor	th E	ast MARGO	E RECO BY GOTT	RAR 756. REG	ISTRARS SIG	NATURE W . V &

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been is should be detached for use as the burial-transit permit. The time State Dept. of Health and Mental Hygiene prior team the State Dept. of Mealth and Mental Hygiene prior team.

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requiretoined by the hospital or attending physician.

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STATE OF MARYLAND

25	81	STATE REGISTRAR			CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 120. DATE OF DEATH MONTH							7	
		CEASED NAME E OR PRINT)	Beulah		R.		CALL	3 F 32 F				YEAR	26 HOUR
	3. SE:		Deutan	4 RACE	Π.	IS. DATE O			Augu:	ST EARS LAST BIRTHDA	19	1987	8:30 p _x
	J. 3E.	Female		White		Oct.	H _DAY	1914	AGE INT	72	YRS	MS DATS	HOURS MIN
5		IRTHPLACE (STATE COUNTRY aryland	DR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	D NEVER	MARRIED D	9 BALTIMO	RECITY OR CO	OUNTY OF		WL
0	Ri	sing Sun		Calvert	HOSPITAL, NURSI HEACILITY, GIVE STREE MANOT NU	I ADDRESS)	Home,	Inc.	TYPE OF WOR	OCCUPATION FOR MOST OF WO TY WORK	ORKING LIFE)		F BUSINESS OR
L	Ма	AL RESIDENCE (IF NO STATE ryland	13b COUN		13c CITY OR TOV	414	13d. INSIDE (NO 🗆		address / zii	P CODE	21901	
1)	Harry		MIDDLE	Reynolo		F	s MAIDEN NA/ FIRST Loranc		WIDDIE		Hill	T
	160 V	WAS DECEASED EVE YES NO OR UNKNOWN)		MED FORCES?	212-01-		17. INFORM	Cecil,		ADDRESS Irishto	wn Rd	MD No:	21901 rth Eas
	ATION	PART 2 OTHER SIG	se last	(c)CONDITIONS <u>CC</u>	R AS A CONSEOU	DEATH BUT					ON GIVEN I		
4	CERTIFICATION			450		TOTERATIO	Sec. 1						OF DEATH?
1	MEDICAL CE	OR CONTRIBUTING	CAUSE OF DEA	P.,	M. MONTH D M.	AY YEAR	17.55	JURY OCCURR	RED (ENTERNA	TURE OF INJURY IN	ITEM 18 PART :	ORPART 2)	
	MED	216 INJURY OCCU	WHILE [21e PLACE	OF INJURY REET FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET			CITY OR TOWN	MAN TO	COUNTY	STATE
			sed alive on		10		nd that in (my)	(our) opinian o	death occurre	d on the date a	and hour and		that (I) (we) last causes stated
		226 SIGNATURE	ms	all	de	J .			MEDICAL DIRECTOR	STAFF PHYSICIAN		8/20	
		22d PHYSICIAN'S MADHU		EV, M.D			3 N.	ss Main St	., Nor	th East	t, Md.	21	901
		Burial, CREMATION	, REMOVAL	23b DATE 8-22			East		23d LOCA	TION ORTOWN	at Co	ounty	STATE M. A
	24 FL	THE CATOR CHOP	Fune	Pal Ho	me Nort				2 4 198	GISTRARTSS.	REGISTRAR Devide	S SIGNATU	dace :

DHMH - 16 60M 7/84 (VRA 15, 4)

AUG 2.4 1987 J. L. C. A. C. D. L.

STATE OF MARYLAND

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DHMH - 16 60M 7/

(VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGUENE
CERTIFICATE OF DEATH

3

Ath		FOR STATE RESTATRAR			DEPA		EALTH AND MENT	GUENE 2 3 4 9 7					
	1. DE	CEASED NAME	John		MIDDLE		ines		Pagest 2	MO TH DA	Y YEAR	26 HOUR P. 3:25 M	
	3 SE	MAIE		4 RACE	te	5. DATE O	F BIRTH		AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	
5	-	RTHPLACE (STATE OR F COUNTRY) DOCSON		76. CITIZEN OF	.A.	WIDOWE	- hand	ED [phuna			
0	Por	TY OR TOWN OF DEA	404	63 No	THEACILITY, GIVE ST	REET ADDRESS!	R OTHER INSTITUTI		20 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING LIFE)	IZE KIND C INDUSTRY U.S.G	OF BUSINESS OR	
3	130 5	AL RESIDENCE (IF NURS	13b COUN	ITY	13c. CITY OR TO		138. INSIDE CITY LIV YES NO	X	3e.STREET ADDRESS		d 2	1984	
0		THER'S NAME FIRST E2TA	CAL	1.1.	NonES		15 MOTHER'S MAIL	\	WIDDLE		Mhiti	E	
1	(VAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIV	MED FORCES? E WAR OR DATES! (42-45)	217-10-		MTS EVELY		INES P	HOLMUN	it mary	100/21904	
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	ly ane cause per D BY: E CAUSE (a)	Line for tal, (b), Aden	ond (c)	Lung (1)	9			BETWEEN	MATE INTERVAL ONSET AND DEATH	
		Conditions, if any, gove rise to imm cause (a), statin underlying cause	nediote g the last	(b) DUE TO, O	R AS A CONSEC	QUENCE OF		OPD HE TERMIN	- Emph			months.	
2	CERTIFICATION	190. DATE OF OPERAT	NOI	19b. COND	TION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?	NGS USED 5 OF DEATH?			
9	EDICAL CER	2)a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	HOUR A.	M. MONTH M.	DAY YEAR		OCCURRE	D (ENTER HATURE OF INJU	RY IN ITEM 18 PAR	T T OR PART 2)	tand .	
	MED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	INE	21e PLACE JAT HOME STO	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	21f. LOCATION STREET	0.2	CITY OR TO	wN	COUNTY	STATE	
		220.1 certify that (1) saw the decease abave, (1) (we) (a 22b. SIGNATURE		47 4 0		87.on	DEGREE		oth occurred an the di				
1		22d. PHYSICIAN'S NA	AME (TYPE O	PRINT)		•	ATTEN PHYSI 22e ADDRESS		MEDICAL STA		Augus	1-26,1987	
/		B. 7		LEKH , V			L		y, Fallston,	Manyla	(2101	+7	
	4	SURIAL, CREMATION, SPECIFY)		Aug. 28	1987 7	BEL Air ME	EMETERY OR CREMA	ers .	Be Are Ha	rford Co.	Maryla	STATE NOIY	
84	24 FL	DEFAL DIRECTOR WILL	m Fos	ter 50'		way & Wi	liams Sb	AUG	27 1987	25b REGISTR	AR'S SIG		

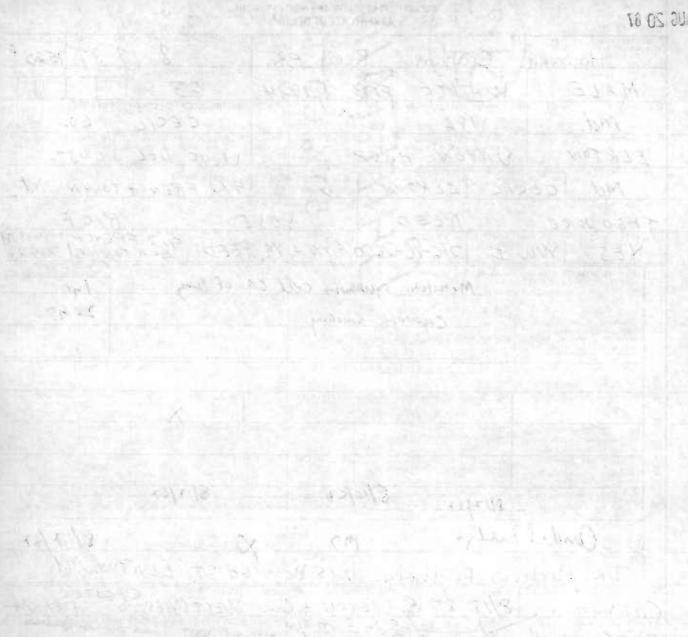
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DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3 4 9 REG. NO

-01	1. DEC	CEASED NAME FIR	ST	Mil	DDLE	L	AST		20. DATE OF DEATH	HTMOM	DAY YEAR	2h HOUR
	file	Howa	ed	600	ham	R	reed	SR.		8 /	7 87	1525 M
П	3. SE)		4. RA	CE	- ICATT	5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
91		MALE		WH	ITE	FE	3 2	1924	63	YRS.	MONTHS GAYS	HOURS MIN
1		RTHPLACE (STATE OR FOREIGN	N 7b CI	TIZEN OF W	HAT COUNTRY	? 8.	DK NEVER	MARRIED	9 BALTIMORE CIT		Y OF DEATH	
5		Md.	3 53	7/5	A	WIDOWE		OVORCED T	50	ECIL	Co	e MD.
1	10 CI	TY OR TOWN OF DEATH			OSPITAL, NURSI	NG HOME C			120. USUAL OCCUP			OF BUSINESS OR
1		ELKTON	1	INTO	ONF	tosF			TYPE OF WORK FOR MO	DEL	CUS INDUSTRY	7.
1	USUA 130. S		OME OR OTHER	INSTITUTION, G	IVE RESIDENCE BEFO	RE ADMISSION)	111d INSIDE	CITY LIMITS?	13e STREET ADDRE	S	-	1 Gard
_				<	ELKT	ON	YES	NO 🗌	9/2 F1	ENCH	LTOUN	r Nd
2	I4 FA	THER'S NAME	MIDDLE		LAST	4375	15. MOTHER	S MAIDEN NAM	AE MIDDL		LAS	
1	1	HEO DURE	•		PEEL	2		KOS.	E		RICE	<u> </u>
1	60 V	VAS DECEASED EVER IN U	S. ARMED F	PORCES? 1	66 SOCIAL SEC	URITY NO.	17 INFORM	ANT	Dr. CA	PIZ F	RENCH	tou All
		YES IN	vw:	11	216-16	-2676	TIKN	1-19.1	TEED	ELKI	LON NA	71921
		18 CAUSE OF DEATH (Er PART I. DEATH WAS C	nter only one	cause per la	ne for (a), (b), a				/	20,-10	BETWEEN	MATE INTERVAL ONSET AND DEATH
v.			EDIATE CAL	USE (a)	rtastatic	SYLL	mous	cell ci	t of long		191	<u>r.</u>
			0	DUE TO, OR	AS A CONSEOL						20	MA
		Conditions, if any, whi		(b)	CIGOR	ette s	moking					1
		cause (a), stating t underlying cause la	the 10	DUE TO, OR	AS A CONSEQU	JENCE OF	,					
23				(c)								20 - 10 -
9	NOI	PART 2 OTHER SIGNIFIC	ANT COND	itions <u>con</u>	TRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMI	INAL DISEASE OR CO	ONDITION GI	VEN IN PART 16	a
1	944	190 DATE OF OPERATION	11	% CONDITI	ON FOR WHICH	HOPERATIO	N WAS DEDE	OPMED	20a AUTOPSY?	206 16 YE	S, WERE FINDIN	NGC LISED
0	CERTIFICA	THE DATE OF CHERATION		78. CONDIN	OITTOR WINE	TOTERATIO	WASFERI	OKMED	- >	IN CERT	IFYING CAUSES	OF DEATH?
ξ-	THE	21a ACCIDENT WAS UNDERLYI	NG 🗍 2	1b. TIME OF	INJURY		21c. HOW I	NJURY OCCURR	ED (ENTER NATURE OF I		PART LORPART 2)	NO 🗆
6	AL C	OR CONTRIBUTING _ CAUSE	OF DEATH	HOUR A.M.	MONTH D				20 (civical indicate of			
	MEDICA	(IF EITHER, NOTIFY MEDICAL EXA 21d INJURY OCCURRED		P.M.		19	21f. LOCAT	ION				•
	ME	AT WORK NOT WHILE	1.		T, FACTORY, OFFICE,	FARM, ETC.]	STREE		CITY OR	IOWN	COUNTY	STATE
		22a.1 certify that (I) (this		ttended the	deceased from	Elu	Ics.	10	10 8/13	102	10	that (I) (we) last
	9	saw the deceased all	ive an	817-18	19_	0/, ar	d that in (my) (aur) apinion d	leath accurred an the	date and ha		
		abave, (I) (we) (did) (e 22b. SIGNATURS	aid nati view	the bade at	ter death.		DEGREE	3000			22c DATE	SIGNED
1		(and	wt	rily.	•		MD	ATTENDING PHYSICIAN	DEDICAL S	TAFF	811	7/87
1		224. PHYSICIAN'S NAME	(TYPE OR PRINT)				27e ADDRE	SS			10/1	101
		DR. Ar	drei	NE	rid be	ra	125	WHI	GH ST:	ŁLK.	TOH, MI	d
	23a B	URIAL, CREMATION, REM	OVAL 23b	DAJE		NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION		HECTE	2
	1	REMATION	-8	7/187	87 R	A FE	RRIS	+.Co.	WEST (HESTE	72 F	ENALA
	24 FU	INERAL DIRECTOR			ADDREA	en	FMI	4/1 250. DATE	REC'D. BY REGISTR		TRAR'S SIGNAT	URE
	6	FE FUNERH	HEARI	Mr.	FC	25,00	V NI	ALIE	1 9 1987	Julia	Paragraph & . W	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 1. DECEASED NAME 20 DATE KNOWN [7 (TYPE OR PRINT) ESTI-FUNERAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS Theresa Rice ,87 DEATH MATED X 8-16-4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 1.87 11:45 DEAD 70 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WILMIDOTON DIVORCED county 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Dirt Lane North of Lums Road OR INDUSTRY North East 13a STATE 13d INSIDE CITY LIMITS & 13e STREET ADDRESS PATH EACT MAIN 14 FATHER'S NAME LAST TERALD A R-DROP 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS LUGAT Cheste 166 SOCIAL SECURITY NO. IYES, NO, OR WIKNOWN I LIF YES, GIVE WAR OR DATEST CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Strangulation DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL M lying cause lost. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE DECUTE
EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EX
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURRA
THER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEDICAL BE USED AS A BURRA
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA! CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR Subject strangled CONTRIBUTING CAUSE OF DEATH 19 21d, INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Dirt Lane North of Lums Rd, North East, Cecil Road County, Maryland 220 I certify that I took charge of the remains described above, held on Inspection Hamicide X death resulted from Matural causes Undetermined manner Suicide TITLE (SPECIFY) 8-18-27 ACTUAL Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 230 BURHAL, CREMATION, REMOVAL 236 DAPE 07/84 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

Catholic States and Company of the C

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 4DE ASED NAME 20. DATE KNOWN ESTI-WITH 172 HOURS DEATH MATED 8 J. 19 87 DAVID ROVNAN 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR 2c. DATE LAST BIRTHDAY) 6:50 PRONOUNCED 8 1960 19 Male White DEAD 10 87 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? a BIRTHPLACE ISTATE OR MARRIED | NEVER MARRIED FOREIGN COUNTRY) U. S. A. Pennsylvania Cecil County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Associate Editor Tel. Comm. water - Bohemia River HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Arlington Arlington 13d. INSIDE CITY LIMITS? 1020 North Quincy Virginia YES X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Marcella Davidek Joseph Rovnan ADDRESS Heights, PA. 1506 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 196-56-1434 Joseph Rovnan 715Painter Ave., Natrona CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o)_ DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND MINIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES INO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO MXX 8-29- 1987 Subject drowned. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDET TO FUNERAL DIRECTOR: PAGE 3: AFIER DEATH, WITH THE STATE DE BALTIMORE, MARKÜAND, 21201 P AT WORK AT WOTHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY Bohemia River Ceci] MD water 22e. I certify that I took charge of the remains described above, held on Inspection and in my opinion Accident X death resulted from: Natural couses __ Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy Chiaforcal EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto., MD (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE Our Ladyof Hope Cemetery Frazertownship Allegheny PA. Burial 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH** - 17 Marzullo Funeral Service Upperco. MD. (VR A15 ME (5))

		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE									0 1			
1.		11-	STATE REGIŞTRAR		ME	DICAL EXAMI	NER'S	ERTIFICASE C	1 3	REG. NO.	U			
064	463 SEF	1-2	D NAME	John		G	5	cott	20 DATE OF DEATH		8 30 19 87	HOUR		
19	PLEASE DIFECTOR PLIES TO HOUR STREET	3. SEX	lale	White	April,	1922 65		DER 1 YR. IF UNDER	MIN PRONOU	D D	8 30 19 87 7	HOUR A		
		FO	RTHPLACE (STA	o,Ill.	USA WIDOWED A DIVORCED OF BALTIMORE CITY OR COU						County	ounty MD.		
H		R	ivortowno ising	Sun	I BOO 8	Nesbitt	Ro	ad a	BR MOST OF WO	led Vet	OR INDUSTRY	4ESS		
1,21201	AND SOUD	in s Ma	ryland	13b COUNTY.		VE RESIDENCE BEFORE ADMIS	Sun	YES NOTE CITY LIMITS?		Md Nesbitt	.21911 Rd.Rising	g Su		
PRE. MO	10	-0.1	THER'S NAME FIRST Harry		AIDDLE	Scott		15 MOTHER'S MAIDE	EN NAME	WIDDLE	Woodward			
	到到	16a. V	YAS DECEASED S NO. OR UNKNOW Y C S	EVER IN U.S. ARMEI	R OR DATES)	358-03-	3745	Harold	R.Scott	,Sr.132	alto.Md.21 O Webster	23C		
ORDS, 201 W. PRESTON ST.	TE SHOULD BE EXECUTED WITHIN 24 HOWORD "FENDING" IN PENCIL IN ITEM IN CHIEF MEDICAL EXAMINER ALONG TO BE USED AS A BURIAL "RANSIT PERMIT OF HEALTH AND MENTAL HYGIENE BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, gove rise couse (a) st lying couse	IMMEDIATE (, if ony, which to immediate toting the <u>under-</u> elost.	Y: CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE	OF	or CONDITION GIVEN IN PA		ease	APPROXIMATE INT	ERVAL ID DEATH		
ITAL REC	SHOULD IN THE WIND	CERTIFICATION	190. DATE OF C	PERATION	19b CONDI	TION FOR WHICH OP	RATION W	AS PERFORMED?			20 AUTOPSY?	vo 🗆		
DIVISION OF VITAL RECORDS,	A HOUSE	CAL CER		OR CAUSE OF DEA	ATH P.N	A. MONTH DAY YEA	AR 21c He	OW INJURY OCCURRE	D LENTER MATURE OF I	NJURY IN ITEM 18 PART I				
DIVISI	THIS CERTING WARDED TO PAGE 3 SHO STATE DEPA 21201 PRIE	MEDICAL	214 INJURY OC WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION TREET	CITY OR 10	NWC	COUNTY	STATE		
•	EDICAL EXAMINER: UTE THE CERTIFICATE A SHOULD BE FOR NERAL DIRECTOR: EDEATH, WITH THE S MORE, MARYLAND,		220. I certify deoth resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRINT	Irom: Natural		Accident , s	Autopiuicide	Homicide TITLE (SPECIFY) D. DEPUT	Undetermined of MEDICAL EXA	nanner ,	My opinion MATE 8/30/2 MD 219			
07/84 25M	Bb———BAFE	(5	Bur:		/2/1987	236 NAME OF C		rest V.A.		wood,Ba				
65071	DHMH - 17 (VR A15 ME (5))		ocully	Dall	Md Man And I Home,	230 130 E.Fo:	rt Az	CED	REC'D. BY REGISTR		ioiden. Pandale			

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063297	AUG	20	BISTRAR			DICAL EXAMI		ERTIFICATE Ó		REG. NO).	ang	
			EASED NAME	FIRST		MIDDLE	(1	LAST	20 DAT	E KNOWN	MONTH	DAY YEAR	25 HOUR
W ~		(TYPI	OR PRINT)	Har	ru		(6	Arkoy	DEA:	TH MATED	R	16 87	1
RECEIPTE AS	3	SEX	4. RAC		5 DATE OF BIRTH	1905 6 AGE (IN)	YEARS IF UN	DER I YR. IF UNDER	24 HRS 2c. D/	ATE	MONTH	DAY YEAR	2d HOUF
ARY, PLEASE DIRECTOR. OUR FILES. A72 HOURS ON STREET,		Λ	sto in	hita	March 16	4 DOT VENTH	DAY) MONTE	DAYS HOURS		UNCED	2	16.87	10500
SSARY, SAL DIRI S YOUR S TON	11	7a. BII	THPLACE (STATE OR	of te		HAT COUNTRY?			9 BALT	IMORE CITY O	-		10-200
SE S	24	M	W York				WIDOW	ED NEVER MARRI	/	anit	- (01	untu	
Z Z W Z	4		Y OR TOWN OF DE	ATH.		SPITAL, NURSING HOA			112ª USUAL OC	CUPATION (TYPE	E OF WORK 12	26 KIND OF B	USINESS
DETATE OF	10	E	kton	M		ACHLITY, GIVE STREET ADDRESS	LIVIN	4	Accoun	ting s	up. I	Retire	ed .
AS ZHA	4	ISUA	RESIDENCE (IF IN NI	JRSING HOME OF	OTHER INSTITUTION G	IVE RESIDENCE BEFORE ADMIS	SIGNI					71a	5/
SOUTH	30	30. S1	Md.	Cec:	Y 7	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e. STREET ADI	Park	way (Glen H	arms
S. A. F. A. B. S.	100		THER'S NAME	L cec.	ГŢ	Elkton		YES NOTHER'S MAIDE		· I alk	way	2 2 011	. 4.2
E-203	7/		arry		MIDDLE	Sharke		FIRST	IN NAME	MIDDLE		LAST	
# 50 × 60	14					166 SOCIAL SECUR	~	Mary 17. INFORMANT		ADORESS	0.7	Brush	
MARK SAS	1	(XI	AS DECEASED EVER S, NO, OR UNKNOWN) O	(IF YES, GIVE W								Farms	
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PAGE AFTE	7 -	12 - P	(TYPE OR PRINT)	JUM	h DATE	23c. NAME OF C	EMETERY	ADDRESS.	1234 LOCATIO				719
	-	(5	Burial	IEMOVAL 13	1010		Cala	of sing for	23d. LOCATIO CITY OR TOWN	1) Ala.	COUNT	1 . 5	STATE
07/84 BP	-	24 FI	INERAL DIRECTOR	A	Ug III	17 HEAD O	Y Chh	STIANA ISES	REC'D. BY REGIS	RAR 256 REGI	VCASTA ISTRAR'S SK	GNATHRE	er.
DHMH - 17		1	NAME	1990	wed though	6 40 0	Mark.	TANK	1 9 198		Listan	GNATURE	AME
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STATE OF MARYLAND

Lx or 1 X (2000) [10] [10] [10] NEW TRAIN TO SERVICE STREET releved 1 1 1 3 3 0 nothing on antenness to the state of the state of the state of sure Pontal Powers - The grant of the note in the 12 body of the THE THE THE TENT OF THE TENT O A Property of the second of the second A CONTRACT OF THE PROPERTY OF The server continue has been the continue with

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 062892 AUG MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN TTYPE OR PRINTS ESTI-RECTOR. COR FILES. PHOURS STREET, KIM DEATH MATED GRACE SIBLEY 4. RACE AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF LINDER 24 HRS 2c DATE 2d HOUR MONTH VEAD LAST BIRTHDAY) PRONOUNCED 68 White 12 18 8-9-87 19 11:05.34 JE BINTHPLACE INTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Cecil County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Elkton Union Hospital Student School SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONA 113b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md Cecil Conowingo 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Wynfred Elizabeth Postell 160. WAS DECEASED EVER IN U.S. 7 INFORMANT 166 SOCIAL SECURITY NO Elizabeth P. Siblev Same As 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries MAMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICA FOR DINERTOR: PAGE 3 SHOULD BE USED AS A BIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 2) 201 PRIOR TO BURIAL, CHEMAI CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY 12:15A 8-9-8 UNDERLYING TOR driver of an auto/auto impact CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 WHILE NOT WHILE Rt. 273@Wilson Rd. Cecil Co., Maryland hawy. 220 I certify that I took charge of the remains described above, held on Inspection Accident X Homicide death resulted from: Suicide TITLE (SPECIFY) ACTUAL DATE SIGNED 8-10-87 M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Korel M.D. (TYPE OR PRINT) Margarita A. Penn Street ADDRESS_ 230 BURIAL CREMATION REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION Rurial Fernyand Mem Park Bridgtown 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

injury, or other troumatic event,

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

18	18	FOR STATE REGISTRAR		DEPARTI	MENT OF H	IEALTH AND MENTAL	L HYGIEN	E 2 3)		•
Ī	DE	CEASED NAME FIRST HURL	EY	WIDDLE	SMI	LTH	20	August 14		7	25. HOUR 1:43pm
3	SEX	x Male	4 RACE White	9	5. DATE O	of Birth .30, 3191 g 1		AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
1	9. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	ם ח	Ceci	_	OF DEATH	MD
-	0. CI	erry Point. Md.	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		USUAL OCCUPAT	ION		B Paw
	JSU/ 130. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION		E ADMISSION)	134. INSIDE CITY LIMI YES A NO		STREET ADDRESS	zip cone	4 19	Balto.M
4		ATHER'S NAME FIRST Kendrick	MIDDLE	Smith		15 MOTHER'S MAIDE		MIDDLE		Mool	
1		VAS DECEASED EVER IN U.S. AI YES, NO ORUNKNOWN) (IF YES, GO	VE WAR OR DATES	226-18-	110	Mrs.Elm	ni ra	Smith, Sa		s abor	re
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEED TO THE SIGNIFICANT CONDITIONS CONTRIBUTIONS CONDITION FOR						MINAL DISEASE OR CONDITION GIVEN 200 AUTOPSY? 20b. IF YES, WIN CERTIFYIN			NGS USED
		218. ACCIDENT WAS UNDERLYING 218. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH ITS ETHER NOTIFY MEDICAL EXAMINER! P.M.			DAY YEAR			YES NOTO	RY IN ITEM IB P		NO []
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET FACTORY, OFFICE	FARM ETC)	21f LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
		220.1 certify that the open	ottal) attended to	he deceased from	July xxxx o	22	87 pinion deal	to August	14 ote and hou	r and from the	couses stated
4		22h SIGNATURE 22d PHYSICIAN'S NAME (TYPE	an -			DEGREE ATTENDI PHYSICI 122e ADDRESS	ING A	AEDICAL STA	FF	72c. DATE	-14-87
		JOHN LONERGA					al Ce	nter, Per	ry Poi	int, Md	
	23o E	BURIAL, CREMATION, REMOVA (SPECIFY) Burial				SCemt.	TORY	23d LOCATION CLINTW	ood,I)icker	son, Wa.
	24 FI	UNERAL DIRECTOR 130 NAME McCully Funeral	Home,	Baltimore	e, Md.	21230	AUG	1 7 1987	25b REGIST	Paris signat	Kindall

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

RPRINT) ROSe	1	MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	
	1//1	0,	5	ProuT	M. DATE OF DEATH	8	1687	26 HOUR
	RACE		5. DATE OF BIRTH MONTH DAY YEAR		6. AGE (IN YEARS LAST B	RTHDAY	MONTHS DAYS	IF UNDER 24 H
Female	White	9	May 25 1913		74	YRS.	MONTHS DATS	HOURS M
THPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
aryland	U.S.A	A.			Cecil (County		
Y OR TOWN OF DEATH	Union I	HEACILITY, GIVE STREET A	G HOME C ADDRESSI of Ce	OR OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING L	126. KIND C INDUSTRY	h . Syst
ATE 13b. COUP	VTY			13d INSIDE CITY LIMITS?			£ 219	21
HER'S NAME	MIDDLE	LAST						
Leroy		Sykes		_	WIDDLE			
AS DECEASED EVER IN U.S. AR			RITY NO.	17. INFORMANT	ADDR	RESS	01	-1
NO	E WAR OR DATES)	216 20	8490	Charles L. S	prout, 91 M	1cClea		
		line for (a), (b), and	d (c).)	A .			BETWEEN	MATE INTERVAL
				Cardeal ar	rest		minu	yes.
PART 2. OTHER SIGNIFICANT	CONDITIONS CO					NDITION GIV	VEN IN PART 10	3.
a. DATE OF OPERATION	TION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	IN CERTI	FYING CAUSES		
	TH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART T OR PART 2)	
WHILE NOT WHILE AL WORK			ARM, ETC J	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STAT
			, on	, 19 ad that in (my) (our) apinion (to, todeath occurred on the c	date and hou		that (I) (we) couses stated
Exercise & 1 201	202 10		V	ATTENDING PHYSICIAN			220 DATE	SIGNED
		, hio,			ELKTON, MI	9 20	921	
RIAL, CREMATION, REMOVAL BURIAL BERAL DIRECTOR				Hill Methodis	23d LOCATION CITY OR TOWN Cherry Hi E REC'D. BY REGISTRAI		Cecil,	STAT Md.
Y I AS N	RESIDENCE (IF NURSING HOME OR ATE IT 3b. COUNTY LAND (IF YES, GIVEN LE POY) S. DECEASED EVER IN U.S. AR (IF YES, GIVEN LE POY) S. DECEASED EVER IN U.S. AR (IF YES, GIVEN LE POY) S. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIATED LE POY) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. CART 2. OTHER SIGNIFICANT (COUNTY) CART 2. OTHER SIGNIFICANT (COUNTY) CART 2. OTHER SIGNIFICANT (COUNTY) CART 3. OTHER SIGNIFICANT (COUNTY) CALCIDENT WAS UNDERLYING CAUSE OF DEATH (COUNTY) CONTRIBUTING CAUSE OF DEATH (COUNTY) COUNTY (COUNTY) COUN	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION ATE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION (IF YES, GIVE WAR OR DATE (IF YES, GIVE WAR	TOR TOWN OF DEATH Ikton RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ATE 13b. COUNTY ryland RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE 13c. CITY OR TOW Elkton RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE 13c. CITY OR TOW Elkton RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE 13c. CITY OR TOW Elkton RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE 13c. CITY OR TOW Elkton RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOW Elkton RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOW Elkton RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN ELKON RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN ELKON RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN ELKON RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN ELKON RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN ELKON RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN ELKON RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN ELKON RESIDENCE SHOP ESSORETE INSTITUTION GIVE STREET. RESIDENCE ST	IN AME OF HOSPITAL, NURSING HOME OF CIFE TO IN SUCH FACILITY, GIVE STREET ADDRESS IN UNION HOSPITAL OF CE RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ATE IN AME FIRST LETOY SYKES SPECEASED EVER IN U.S. ARMED FORCES? IS DECEASED EVER IN U.S. ARMED FORCES? IN OOR UNKNOWN) (IF YES, GIVE WAR OR DATES) ROOF UNKNOWN) (IF YES, GIVE WAR OR DATES) DUE TO, OR AS A CONSEQUENCE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE	II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION HOSPITAL OF CECIL COUNTY RESIDENCE IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION) III. COUNTY TYLAND CECIL III. COUNTY III. CITY OR TOWN III. CITY OR TOWN III. CITY OR TOWN III. MOTHER'S MAIDEN NAME FIRST LETOY SYRES ITENE SYRES ITENE INDUE LAST SYRES IVENE LAST LAST LAST IVENE LAST In the control of t	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 178. USUAL OCCUPATION (IN NOT INJURY HOUSE) 18. CHYOT CHYOT. COUNTY 178. USUAL OCCUPATION (IN NOT INJURY HOUSE) 18. CHYOT CHYOT. CHY	11. NAME OF HOSPITAL NURSING HONE OR OTHER INSTITUTION THE USUAL OCCUPATION OF WORK FOR HOUSE IN THE HONE OR OTHER INSTITUTION OF WORK FOR HOUSE IN THE HOUSE	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE

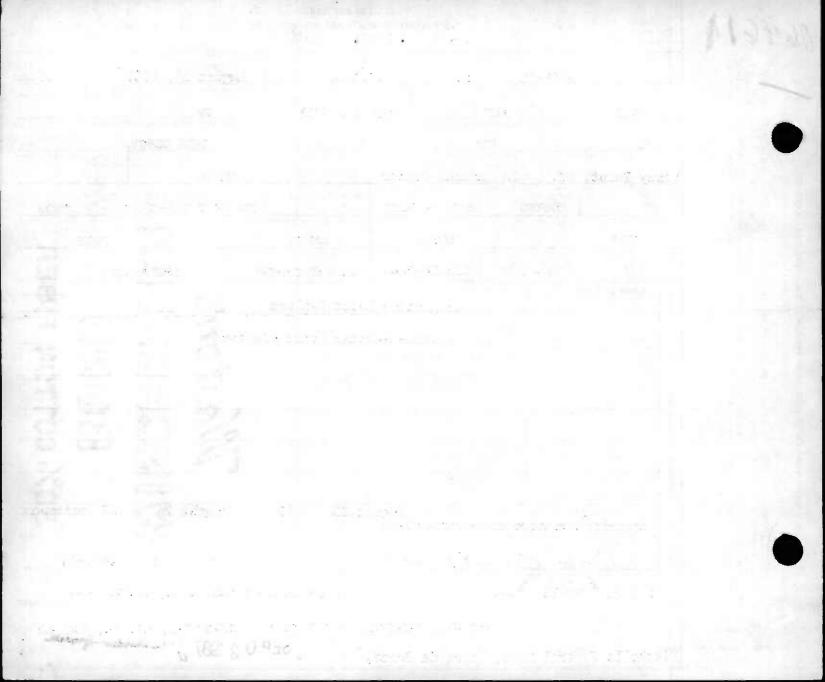
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REGISTRAR				4.EKIII	FICALE OF DEATH	REG	NO.	- 1	
DECEASED NAME	FIRST		MIODLE		LÄŞT	20 DATE OF DEATH		DAY YEAR	26 HOUR
(TYPE OR PRINT)	EVE	RETT	L.	S	TEVENS	August	26. 198	37	11:50a
SEX		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST	T BIRTHDAY)	DE HWY LAST DUKES APPROXIMATE APPROXIMAT	
MALE		WHIT	TF.	JUL		72	YRS	MONTHS DATS	HOURS MIN.
a BIRTHPLACE (5	ATE OF FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CIT		OF DEATH	
DE		US	SA	WIDOW		CEC	CIL COUNTY	Υ.	MD
O CITY OR TOWN	OF DEATH	31. NAME OF		IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUP	ATION	126 KIND	OF BUSINESS OR
Perry Poi	nt. Md.		edical Ce			LABORER	STOP WORKING LIFE	EI INDUSTRY	
		OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	AOMISSION)	1136. INSIDE CITY LIMITS?	13e STREET ADDRES	CC / 710 CODE		
MD	300	RFORD	HAVRE de C		YES X NO	704 APT 3 I			21078
FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA				
NOAH		MIDDLE	STEVENS		NATTIE	WIOOF	•		
60 WAS DECEASED			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	AD	DRESS		
YES, NO OR UNKNO		GIVE WAR OR OATES) L = 1945	222-18-	7460	MRS. ANNA STEVE	NS	SAME AS	#13e	
III CAUSE OF	DEATH (Enter	anly one cause pe	r line for (a), (b), and	die				APPRO	XIMATE INTERVAL NONSET AND DEATH
PART I. DE	ATH WAS CAU		Common	44	heart failure				
	IMMED	ATE CAUSE 10)	COLLEGE	LIVE	meart rarrare	-		_	
		DUE TO O	R AS A CONSEQUE	ENICE OF				100	
		, , , ,						1000	
	if ony, which	(b)	Arteri	oscle	rotic heart d	isease			
	a immediate stating the	3 00570 0							
underlying		DUE TO, C	R AS A CONSEQUE	ENCE OF				700	
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	RSIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO I	DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	ONDITION GIV	EN IN PART 1	10
Š .									
4 190 DATE OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?			
Ĕ						YES TY NO	- 1		NO T
NO DATE OF C	WAS UNDERLYING	21b. TIME C			21¢ HOW INJURY OCCUR			ART I OR PART 2)	
	NG CAUSE OF	DEATH	M. MONTH DA						
OR CONTRIBUTE	CCURRED		OF INJURY	19	21f LOCATION				
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AT WORK	AI WORK				0.5		. 06	0.7	
			ne deceased from_			to_Augus			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
		nat) view the bad	atter death.	XXXX	ind that in (my) (our) opinion	death accurred on the	e date and havi		
226. SIGNATU	RE	, ,			DEGREE			22c DAT	ESIGNED
/	an W.	Chur	7.6. r	10	PHYSICIAN [MEDICAL S	STAFF SICIAN 🛣	8-27	7-87
226 PHYSICIA	N'S NAME ITYP	E OR PRINT)		,	27e ADDRESS				
ROY W.	CHESNU	T. M.D.			VA Medical	Center, F	erry Po	oint, M	1d.
30 BURIAL, CREMA			23c. N	NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
(SPECIFY) BURI	AL	ISEPTE	MBER87 CR	ROWNSVI	LLE VETS CEMETER	V CROWNSV	ILLE. A.A	COUNTY	MARYLAND
4 FUNERAL DIREC		100110		.011.1011	25a DAT				THE PARTY OF
Mitchells	Funera	1 Home	Havre de	Grace	21078 SE	P 0 2 1987	0	Wildles	
			THE WILL WE	an acc	3 1.0		-		

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, After this certificate hos been signed by the ottending physic should be detoched for use as the burnol-transit permit. Then please remove corban pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other traumotic event,

(VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

neral director, page 3 in 72 hours ofter death

in signed by the attending physician and campletely. Then please remove carbonpapers. Pages, Land 2 shits burial, cremation, ar removal. njury, ar other traumatic event, the medical exam

TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the buriour infants permit the State Dept. of Health and Mental Highers principle. retained by the haspital ar attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked or In-

eoth. Poge 4 may be

62831 AUD 15/87	DEPARTME
TO THE TANK	

STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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6.0	0	460		- 1
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-	KEGISTAAR								REG. NO		100		
	EASED NAME	FIRST	MID	DLE	LAST		75 1	2a. DATE OF	DEATH	HINOM	DAY YEAR	26 HOL	JR
{ TYPE	ORPRINT)	Mack	V		Sturg	ill		Augus	t 9,	1987		8:4	OP M
SE)	(4. RACE	70	5. DATE OF BI	RTH		6. AGE (INYE	ARS LAST BIRT	(HDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
			White		March	21	1938		9	YRS.	MONTHS DAYS	HOURS	MIN.
a Bil	Male RTHPLACE (STAT	E OR FOREIGN	7b. CITIZEN OF WI	HAT COUNTRY?	0						Y OF DEATH		
	OUNTRY)	IE ON LONEION	J.B. CHIZEITOI WI	TAT COULTRE	MARRIED [<u> </u>	<u></u>			
	Virginia		U.S.A.		WIDOWED		ORCED 🖈		ecil				MD
	TY OR TOWN OF		11. NAME OF HO	SPITAL, NURSING		THER INSTIT	UTION	12a USUAL C			126. KIND C	DE BOZIN	ESS OR
re.	rry Poin	t, Md.		lical Ce				Machi	nist		U.S. 1	Navy	
JSUA	L RESIDENCE (#	NURSING HOME O	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE		IN ICIDE CIT	V LIMITCO	13e, STREET A	DDBESS		1	010	-
				Chesapea		INSIDE CIT					del	114	
	THER'S NAME	l Ce	CII 1	Chesapea			MAIDEN NAM		er La	ine	21	1100	
	FIRST		MIDDLE	LAST:		FI	RST		MIDDLE		LAS		
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	AS DECEASED E		INE WAR OR DATES	66. SOCIAL SECUI		INFORMAN	T		ADDRE	:22			
(1	Yes		56 12/1/7	226 46 2	410	Sandra	A. B1	lanton	Ell	kton,	Md.		
	10 CALISE OF F		only one cause per li	ne for (n) (h) and							APPROX	IMATE INTE	RVAL
	PART I. DEA	TH WAS CAUS	SED BY:	Cardio-p	ulmonar	v arr	oct				ac i se con	Olabit Ala	, pean.
474	3 - 17 -	IMMEDI	ATE CAUSE (a)	ourur P	Gillional	y all	COL					-	_
			DUE TO, OR	AS A CONSEQUE	NCE OF								
	Conditions, if		(b)										
	gave rise to		DUIS TO OR	AC A CONICEOUS	NICE OF								
4	underlying o		DUE TO, OK	AS A CONSEQUE	INCE OF						100		
			(c)		-								
z	PART 2. OTHER	SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	DEATH BUT NO	RELATED 1	O THE TERM	IN AL DISEASI	: OR CON	DITION G	IVEN IN PART II	0.	
O													
S.	19a DATE OF OF	PERATION	196 CONDITI	ON FOR WHICH	OPERATION W	AS PERFOR	MED	20a AUTO	PSY?		ES, WERE FINDING		
Ē								YES 🗌	NOX		YES 🗌	NO [
CERTIFICA	21a. ACCIDENT W	AS UNDERLYING	21b. TIME OF	INJURY	21	LINI WOH	URY OCCURE	RED (ENTER NA	TURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)		
-37.	OR CONTRIBUTING	CAUSE OF D	ENIN	MONTH DA									
J.	(IF EITHER, NOTIF				19								
MEDICAL	21d. INJURY OC		21e. PLACE OF	F INJURY T, FACTORY, OFFICE, F/		LOCATION	4		CITY OR TO	WN	COUNTY		STATE
2	WHILE N	OT WHILE											
			pital) attended the	deceased from	August	4	19_87	toA1	met	q	. 19.87	that XII	(we) lost
					87 and th	at in (XX)	aur) Opinian (death occurre	d on the d	ate and he	our and from the		
			August	ter death.									
	225 SIGNATUR	1101	. /	1,10	DEC		75410010	WEDICA.	CTA		22c. DATE	SIGNED	
	Michy	N.K	who it	n		PI	TENDING TENDING	MEDICAL	PHYSIC	IAN 🗌	8-9-	87	
	.24. PHYSICIAN	'S NAME (TYPE	OPRINT)		22	ADDRESS			-				
	MTCHAE	I. TAYL	DR, M.D.			VA Me	dical	Center	Par	ru D	oint, Md	1	
		T T177 TI	2119 11.00.							ту г	OTHE, MC	1 .	
23a E	BURIAL, CREMAT	ION, REMOVA			NAME OF CEME			23d. LOCA			COUNTY		STATE
-	SPECIFY) Buri	al	8/12/8	37 Un:	ion Met	hodis	t	Uni	ORTOWN	(Cecil		Md.
_	JNERAL DIRECTO	The second secon	16/1	2/			25a. DAT	E REC'D. BY R	EGISTRAR	25h REGI	STRAR'S SIGNA	TURE	
			Home, Ell	TOP ADDREMA									
i .	HILCRS P	aner ar	mome, ET	reon, ma	•		ATTIC:	4 /1 100	07				

STATE OF MARYLAND

					MARYLAND	COM.	. 0 0	
	1:	FOR STATE	DEP		TH AND MENTAL HYG	IENE 2 3	200	
2186 AUG		POT ICTO A D		CERTIFICA	TE OF DEATH	REGINO.		
1 0 0 700	D. BE	EASED NAM FIRST	MIDDLE	LAST	ELECTION OF THE PARTY OF THE PA	20. DATE OF DEATH	ONTH DAY YEAR 26	HOUR
2511/	TYPE	ORPRINT) Me. 1/1e	Tone 11	Lashing	taul		8/,/87	19 10.
196	3. SEX	- F-12	4. RACE	5. DATE OF BI	DTH.	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER I YEAR IF	UNDER 24 HRS
1	E	2.4.4	Q10-11	MONTH	DAM MEAD	83		OURS MIN.
1/	7.0	MALE	DIHEK	oct	13, 1903		YRS.	
2/2/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED -	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
(1)		MAHLAND	U.5, H.	WIDOWED		Lcc1	1 60	MD.
1 15 /	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	URSING HOME OR O	THER INSTITUTION	126 USUAL OCCUPATION		USINESS OR
1/0		ELATON	UNION HOS.	P.tal of Co	cil Counts	D	biker Domes	tic
pe pe		AL RESIDENCE (IF NURSING HOME OF					737	115
Pla and		1D, COU	NTY 13c CITY OR		INSIDE EITY LIMITS?	13e.STREET ADDRESS / Z	SON STILLET	115
es e		THER'S NAME	012 1000	W 1 W 1	MOTHER'S MAIDEN NAM	ME	ON STIECT	
2 P 2	-	TCAAA	MIDDLE		FIRST	WIDDLE	· 1A59	
120	160.31	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL	SECURITY NO. 17	INFORMANT	ADDRESS	INCh	
Poges			IVE WAR OR DATES)	IS CONTITION IT	10- 1 ML a	ADDRES.	17801	. ,
man E		NO	120-	14-7041 1	HILL FIDGER	100 415 CAN	Ver Dr. Wilm.	266.
emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line far (a), (t	b), and (c).)			APPROXIMAT BETWEEN ONS	ET AND DEATH
emovol.			TE CAUSE (a) H 2	heimers	12,38056	2	7400	115
£ 2 . 5.			DUE TO, OR AS A CONS	SEQUENCE OF			7	
ation, froum		Canditions, if any, which	((b)					
mo r tr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF				
riol, cremation, o or other traumal		underlying cause last.	(c)	SEQUENCE OF				
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	S TO DEATH BUT NO	RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART III	
njury.	Z	Source de	cichiti chi		1	THE DISEASE ON COLLD.	TIOT OF CIT II TO THE TIO	
ony ir	A T	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION W	AS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS	SIISED
vs o	CERTIFICATION						IN CERTIFYING CAUSES OF	DEATH?
Hygier 8 sho	E I	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121	HOW IN HUBY OCCUPY	YES NOW		NO 🗌
Mentol-tronsit Mentol Hygie or frem 18 sho		OR CONTRIBUTING CAUSE OF DE	THE THE PARTY OF T	DAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	NITEM 18 PART OR PART 2)	
Hem	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE	(R) P.M.	19				
_ 0	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		LOCATION	CITY OR TOWN	COUNTY	STATE
althond	1	AT WORK NOT WHILE						
eolt s mo		22a. I certify that (I) (this hosp	Hal) attended the deceased fi	rom /ceno	, 19 54	_, to / Aug	ces F. 19 8/, tho	tol (mm) () to
of H 21 ii		saw the deceased alive or	n Harrist	19 87 , and th	at in (my) (🖛) apinion o	death accurred on the date	e and hour and from the cou	uses stated
hed the		22b. SIGNATURE	A New the Body after deam.	DEG	REE		22c DATE SIG	GNED
		Grad Pana	showed win.	hi D	ATTENDING PHYSICIAN	MEDICAL STAFF	WD 4 Ac	1001-185
orthe State	1	22d. PHYSIGIAN'S NAME TTYPE	OR PRINT)	220	ADDRESS	DIRECTOR PHYSICIA	1770	30270/
should be with the		71/01/1000	Cal 1	2	100	· 1 day 2	1 21017	
with the State D		COMITACE	Unensk	1A(1) VI	11) Cec	1/TON, MI	7. 0-1910	
		SPECIFO REMOVAL	22k DATE	4 7	TERY OR CREMATORY	23d LOCATION CITY OR LOWN	COUNTY	s. STATE
-		DULIAL	Hug. 8, 1987	Cecilton	Cemetely	Cecilton	Cecil	MD.
16 60M 7/84	24. FU	INERAL DIRECTOR	Edwal Milwo	RESS .	22MPM	E REC'D. BY REGISTRAR 25	, REGISTRAR'S SIGNATURI	E
15, 4)	6	ec FUNCIAL HO	me 2596.	MAINST 1	ELKINATE	1 1001	Julia Davidson. Kan	ndess

ly filled in by the funeral director, page & should be filed within 72 hours after death

medicol examine

spers. Poges 1

executed within 24 hours ofter deoth. Page 4

DOLETA	FOR STATE	DEPARTMEN
004377	STP - STATE 2 87 RAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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2	3	2	U	7
REG	NO			

24	1-	PEGYRAR			CERTIFI	CATEOF	DEATH	REG. N	Ю.,			
	1. DEC	CEASED NAME FIRST		MIODLE	L	AST		20 DATE OF DEATH			2b. HOUR	
	(ITTE	Tessie			Wel	ls		August	13,	1987		М
	3. SE>	X	4. RACE		5. DATE OF BIRTH			6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	I HRS	
	F	emale	White		Aug.	27°	1967	79	YRS.	ONIHS DAYS	HOURS	MIN,
-	7a. BII	RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8 AA A DDIEG	XT NEVED	MARRIED -	9 BALTIMORE CITY		OF DEATH		
C	-	ennsylvania	U.S.	. A .	WIDOWE		MARKIED -	Cecil				MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	STITUTION	120 USUAL OCCUPAT	12b. KIND O	F BUSINES	SOR	
	E	lkton	Uni	on Hospi	tal			Homemaker		INDUSTRI		
1	130 S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE				· 0/	170	21
)	M	d. Cec:		Elkton	P 1	YESX	NO 🗌	1630 APES	; Pura	ski H	ighw	ay
7	14. FA	THER'S NAME	MIDDLE	1457	-		'S MAIDEN NAM	AE MIDDLE				
1		Samuel		Hicks		Net	tie	MIDDLE		Wela		
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU		17 INFORM		ADDR			ton,	Md.
	(,	YES, HOOR UNKNOWN) (IF YES, GIV	E WAR OR OATES)	212-74-	6410	Mill	ie Par	ker 1630	W. Pu	laski		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per								MATE INTERVA	AL EATH
		PART I. DEATH WAS CAUSE	D BY: TE C AUSE (a)	Adul	e Myo	eccu e	I thiar	ction				
И			DUE TO O	R AS A COMSEQUE	NCFIDE D		Harry and					
		Conditions, if any, which	(b)_	AC	VB	•	Hypert	ension fersion				
		gave rise to immediate couse (a), stoting the	DUE TO. O	R AS A CONSEQUE	NCE OF		10					
		underlying cause last.	(c)_						14.10		25-00	
211	,	PART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITIONGIVE	N IN PART 110	2.	
_	CERTIFICATION											
1	ICA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	HICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	OF DEATH	?
4	RTI					1		YES NO	YES		NO 🗌	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	21c HOW II	NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	et 1 OR PART 2}		
	CA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.	M.	19							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCAT		CITY OR TO	NWC	COUNTY	STA	TE
		WHILE NOT WHILE AT WORK										
		220.1 certify that (1) This haspi	.01 .	-	P-7	1113	19 78	2.10	.3 19	9 87.	that (1) (we	e) last
	14	saw the deceased plive a above (1) (we) (did (did no	view the bady	after death.			Mont) obtition o	leath occurred on the d	ote and hour			ed
П		22h. SIGNATURE	/>			DEGREE	ATTENDING /	MEDICAL STA	FF	220 DATE	SIGNED	_
4		arh	· Non	~	1			MEDICAL STA	CIAN 🗌		2/8	1
/		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	11.		22e ADDRE	2 111	,	0.1		, ,	
		VU; C	- h. h	Hur	10	ad		The second	×1- 8	er 1	101)	1921
		SURIAL, CREMATION, REMOVAL	10	1007 23c N	AME OF CE		GREMATORY	23d LOCATION		COUNTY	STA	16 ,
	24 Pi	Datiffly	H49.11	118/ 121	LUCCE		constay	Wilmingto	IN NOW	ASTIL	De	20
4	le	EELL TH Very	14/26	3924 CO	ncord	Pike	AUG	2 8 987 AR	256 REGISTO	AR'S SIGN	distant.	
	A.	lbert J. McCrer	y, III,	Wilm.,	neT.	19803	700	2 0 100	2			

DHMH - 16 60M 7/84 (VRA 15, 4)

10 suiveral DRECTOR. After this or should be detected for use on the bur with the State Dept. of Health and Me

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ATTENDING

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	e2#:				
A. HOERING . W CO	ol march at	EIN (01 50-1	212-7		

Void Death Certificate #87-23510

